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## COVER LETTER

TO; N	lew Filing Section Division of Corporations
SUBJECT	Gana Finance, LLC
	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please rett.	irn all correspondence concerning this matter to the following:
	Kathryn Wood, Esq.
	Name of Person
	Ainsworth & Clancy, PLLC
	Firm/Company
	801 Brickell Avc. 8th Fl.
	Address
	Miami, FL 3313)
	City/State and Zip Code info@business-esq.com
	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Kathryn Wood, Esq. 305 600-3816
	Name of Person Area Code Daytine Telephone Number
Enclosed is	a check for the following amount:
≣\$125,00	Filing Fee U\$130.00 Filing Fee & U\$155.00 Filing Fee & U\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabi	lity Company is:			
	my company is:			
Gana Finance, LLO	:			
	ntain the words "Limited	Liability Compan	v. "F. I. C. " or "LLC.")	<del></del>
			j. Lieu or Ebo., )	
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Line	111111111111111111111111111111111111111	
and street	address of the principal (	ource of the Climite	ed Liability Company is:	
Princi	pal Office Address:		Mailing Address:	
5844 Paradise Poin		58	44 Paradise Point Drive	
Palmetto Bay, Fl 3.	3157		lmetto Bay, Fl 33157	
	<del></del>		1	
ARTICLE III - Registered A	gent. Registered Office	& Danistared to	natio Siana	
The Limited Liability Compar	ry cannot serve as its own	Registered Agent	You must designate an individual o	r
another business entity with ar	i active Florida registratio	on.)	and a solg sate all men reduit of	I
The name and the Florida stree	t address of the registered	d agent are:		
	Pedro Pizarro		1	
		Name	<u> </u>	
	5044 n	n :		
	5844 Paradise Point Florida street addres		and a second sec	
	riorida street addres	3 (F.O. BOX <u>MOT</u>	acceptable)	
	Palmetto Bay	FL	33157	
	City	State	Zip	
laving been named as registered	dagent and to accent some	100 of	he above stated limited liability compa	_
nace aesignatea in this certificat	e, I hereby accept the appl	ointment as registe	red agent and agree to act in this can	acini 1
uriner agree to comply with the p	provisions of all statutes re	elating to the prope	er and complete performance of mode	diar and I
m familiar with and accept the a	bligations of my position i	as registered agen	gas provided for in Chapter 605, F.S.	
	,	/ ///		
		att 101	ypun	
	Registe	ered Agent's Sign	ature (REQUIRED)	
			ļ.	
		(CONTINUED	<b>,</b>	
		(= +	´	

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*ب* 

	Name and Address:
MGR	Pedro Pizaro
	5844 Paradise Point Drive
	Palmetto Bay, Fl 33157
	<del></del>
<del></del>	<del></del>
and the spirit of the spirit o	of filing: (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be spite of filing.)  If the date inserted in this block does not a cument's effective date on the Department	ecific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date effective date is listed, the date must be spite of filing.)  If the date inserted in this block does not a	ecific and cannot be more than five business days prior to or 90 days
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CLE V: Effective date, if other than the date effective date is listed, the date must be spite of filing.)  If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be list of State's records.
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