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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GEORGE DIAZ, P.A. Account Number : 120200000005 Phone : (305)279-3231

Fax Number

: (305)375-8050

Enter the email address for this business entity to be used for future

annual report mailings. Enter only one enail address please. ••

Email Address: GDIAZ & DIAZREUS, Com

FLORIDA LIMITED LIABILITY CO. **GUTMANN CAPITAL LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDALIM/LIED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GUTMANN CAPITAL LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

 U^{\perp}

:..:

. . .

The mailing address and street address of the principal office of the Limited Liabifity Company is:

Principal Offige Address:

Mailing Address:

C/O GEORGE DIAZ, ESQ.	C/O GEORGE DIAZ, ESQ.
100 SE 2ND STREET, SUITE 3400	100 SE 2ND STREET, SUITE 3400
MIAMI, PLORIDA 33131	MIAMI, FLORIDA 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GEORGE DIAZ, ES	iQ	
	Name	
100 SE 2ND STREE	T, SUITE 3400	
Florida street addres	s (P.O. Box NOT acce	ptable)
MIAMI	FLORIDA	33131
City	State	Zip

Having been numed as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



(CONTINUED)

SECRETÁRY OF STATE

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E VII: Other provisions, if any.	
ment's effective date on the Depar	tment of State's records.
of filling.)	s not meet the applicable statutory filing requirements, this date will not be listed a
E V: Effective date, if other than the certive date is listed, the date must	he date of filing:
(Use attachment if necessary)	
	C/O GEORGE DIAZ, ESO., 100 SE 2ND ST., #3400 MIAML FLORIDA 33131
<u>MGR</u>	NAFL AFIEH
	MIAMI, FLORIDA 33131
MGR	WALEED DHADUK C/O GEORGE DIAZ, ESQ., 100 SE 2ND ST., #3400
"AMBR" = Authorized Member "MGR" = Manager	Marie And Address:
Title:	Same and Address:
	"AMBR" = Authorized Member "MGR" = Manager MGR MGR WGR (Use attachment if necessary) EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart

This document is executed in accordance with section #05.0203 (1) (a), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

WALEED DHADUK

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

·+ 2:

S 5.00 Certificate of Status (Optional)