

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : USA INTERNATIONAL SERVICE
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**Enter the email address for this business entity to be used for future
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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
G & G Services of South FL LLC**

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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

G & G Services of South FL LLC

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

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:11610 N Bay Shore Dr11610 N Bay Shore DrApt 1DApt 1DNorth Miami, FL 33181North Miami, FL 33181

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:

Roberto Pablo Giordano

Name

11610 N Bay Shore Dr Apt 1DFlorida street address (P.O. Box **NOT** acceptable)North MiamiFL33181

City

State

Zip

Having been named 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.

B. Giordano

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Roberto Pablo Giordano

11610 N Bay Shore Dr Apt 1D

North Miami, FL 33181

AMBR

Claudia Beatriz Rivas

11610 N Bay Shore Dr Apt 1D

North Miami, FL 33181

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/14/2025. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

B. Guedes

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), 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.

Roberto Pablo Giordano

Typed or printed name of signee

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