# 19800000005

Gerald D. Levine 6770 Indian Creek Drive Suite # 4J Miami Beach, FL 33141 305-993-5105 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 22 AM 8: 57

December 15, 1997

Florida Department of State Divisions of Corporations Post Office Box 6327 Tallahassee, FL 32352 400002379294--4 -12/22/97--01091--001 \*\*\*\*293.75 \*\*\*\*293.75

#### Dear Department of State:

This cover letter is to inform you that I would like to open a Limited Liability Company. Please find enclosed all of the documentation you required to do such. Additionally, I have enclosed a check in the sum of \$293.75; this includes the cost of Filing fee for Articles of organization and Affidavit, Designation of Registered Agent and for a Certificate of Status.

If you have any questions or require any additional information, please do not hesitate to contact me at your earliest convenience.

Sincerely,

Gerald D. Levine

Name
Availability

Document
Examiner

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Verifyer

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# TRANSMITTAL LETTER SECRETARY OF STATE FOR FLORIDA LIMITED LIABILITY COMPANY ISLANDORS

97 DEC 22 AM 8: 57

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	G. D.L. CONSULTING GROUP, L.C.
	(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit \$ 35.00 Designation of Registered Agent

A letter of acknowledgment will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM:	GERALO D. LEVINE
	Name (Printed or typed)
	6770 INDIAN CREEK DEVE
	Address
	MIAMI BEACH, FL 33141
	City, State & Zip
	305-993-5105
	Daytime Telephone number

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

G.D.L. CONSULTING GROUPLIC.

#### ARTICLE II - Address:

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

MIAMI BEACH, FL 33141

#### **ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

PERPETUAL

### ARTICLE IV - Management: (check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are.

DIVISION OF CORPORATIONS

The Limited Liability Company is to be managed by the members and the name(s) and address(s) of the managing member(s) s/are:

GERALD D. LEVINE

RIAA

ERNEST L. LEVINE

6770 INDIAN CREEK DRIVE

T+ #

MIAMI BOACH, FL 33141

#### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of		97	DIV.
G.D.L. CONSULTING GROP, L.C. deposes and say	ys:	DEC 22	DIVISION OF C
1) the above named limited liability company has at least two members	4€	All B:	V OF STA
2) the total amount of cash contributed by the member(s) is	\$	<u> 35</u>	TE .
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	\$_	0	
4) the amount of cash or property anticipated to be contributed by member(s) is	\$	5 <sub>(</sub>	$\infty$
5) the total amounts of 2, 3 and 4 is	\$	5 1	>0°

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

	GROUP, L.C.	
The name	and address of the registered agent and office is:	97 10
-	(NAME)	97 DEC 22 AM
-	6770 INDIAN CREEK DRIVE (# (P. O. BOX NOT ACCEPTABLE)	12/18
-	Mismi Besch, FL 33141 (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.

(SIGNATURE) 10-28-97
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent