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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 338463 7272435

AUTHORIZATION :

COST LIMIT : \$ 160.00

*Patricia Fajardo*

ORDER DATE : November 26, 2003

ORDER TIME : 10:34 AM

ORDER NO. : 338463-010

CUSTOMER NO: 7272435

CUSTOMER: Juan Zorrilla  
Zorrilla & Associates, LLC

Suite 705  
2200 South Dixie Highway  
Miami, FL 33133

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NAME: GEC BOYNTON BEACH, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **GEC Boynton Beach, LLC**

**ARTICLE II - Address:**

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

**2760 N. University Drive  
Davie, FL 33024**

**Principal Office Address: Mailing Address:**

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

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

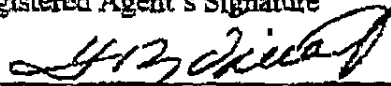
Name: **Sara L. Vinas**

Florida street address (P.O. Box NOT acceptable)

**2760 N. University Drive  
Davie, FL 33024**

*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 608, F.S.*

Registered Agent's Signature



**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Hector R. Vinas, MGRM  
2760 N. University Drive  
Davie, FL 33024**

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**  
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Hector R. Vinas**

Typed or printed name of signee

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