

L110000 57978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

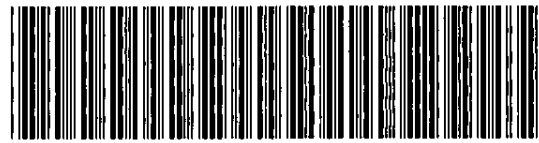
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

MAY 17 2011

EXAMINER



500207147265

05/17/11--01007--008 **155.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
11 MAY 17 AM 10:17

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 17 AM 11:05

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 05/17/2011

REF. #: 000380.148185

CORP. NAME: 9600 SAMPLE ROAD GP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 17 AM 11:05

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 539831 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

Examiner's Initials

FILED STATE
SECRETARY OF CORPORATIONS
11 MAY 17 AM 11:05

**ARTICLES OF ORGANIZATION
OF
9600 SAMPLE ROAD GP, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I. NAME

The name of the limited liability company is 9600 Sample Road GP, LLC (the "Limited Liability Company").

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 3135 SW Third Avenue, Miami, FL 33129.

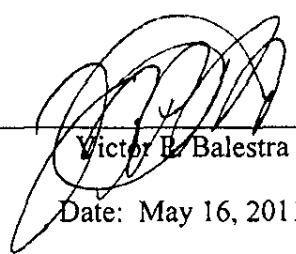
ARTICLE III.

REGISTERED AGENT, OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the Limited Liability Company's registered agent are as follows:

Victor P. Balestra
3135 SW Third Avenue
Miami, FL 33129

Having been named as registered agent to accept service of process for the 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 of the Florida Statutes.



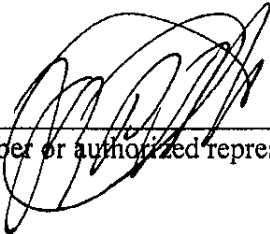
Victor P. Balestra
Date: May 16, 2011

ARTICLE IV. MANAGEMENT

The Limited Liability Company shall be managed by its Manager. The name and address of the Manager of the Limited Liability Company are as follows:

Victor P. Balestra

3135 SW Third Avenue
Miami, FL 33129



Signature of member or authorized representative of a member

Printed Name: Victor P. Balestra

Date: May 16, 2011

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.