## U5000146259

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	P)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



600276657146

09/01/15--01022--005 \*\*155.00

FIARY OF SIPHERS RECEIVE FOR CORPORESIONS RECEIVE EP -1 PM 3: 26 2015 SEP -1 PM II

JALLAHASSEE, FLORIDA

SEP 01 2015 T SCHROEDER

Wolters K	L	u	٧	/e	r
-----------	---	---	---	----	---

Wer 2075 Centre Pointe Blvd Ste. 101 Tallahassee, FL 32308 850-205-8842

## GACP U.S. PRIVATE EQUITY ADVISORS LLC

( ) Nonprofit	() Amendment	() Merger
()Domestic Corporation		
	() Dissolution/Withdrawal	() Mark
() Limited Partnership	() Reinstatement	
	() Annual Report	() Other
(X) LLC		
Formation	() Name Registration	
(X) Certified Copy	() Fictitious Name	
Formation	·	() CUS
	() Photocopies	
(x) Walk In		() After 4:30
() Mail Out	() Will Wait	(x) Pick Up
Name		
Availability	9/1/2015	Order#
Document		9679246
Examiner	KM	
Updater		Ref#:
Verifier		
W.P. Verifier		<del></del>
		Amount: \$

## **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: GACP U.S. Private Fquity Advisors LCC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph E. Da Grosa, Tr. Name of Person
GACP U.S. Private Equity Advisor LCC Firm/Company
1221 Brickell Avenue, # 2660
Miani, FC 37/5/  City/State and Zip Code  mb/akenne e 1848 Cap: fal · Com  E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa Blakemore at (786) 6627114  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\frac{1}{2}\$130.00 Filing Fee & \$\frac{1}{2}\$155.00 Filing Fee & \$\frac{1}{2}\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
CAUCH ON 15.	Private	Equity	Advisors	LLC

ARTICLE II - Address:

**ARTICLE I - Name:** 

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

Principal Office Address:	Mailing Address:
2333 Ponu de Leon Blud #RZ40 Coral Gables, EL 37174	1221 Bridg 11 Avenue # 2660 Miam: FL 33131
Cocal Gables, EL 37134	Mian: FL 33/31
TIVE Decisional Agent Decisional Office & Decision	and Agent's Signatures

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:

NRAI Services, Inc.		
	Name	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box NOT a	cceptable)
Plantation, FL 33324	<u>,                                      </u>	
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..

Mulle Holden, Michele Holden, Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 SEP - I DK 3. CT

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
AMBR MGR	Joseph E. DaGrosa J. 1221 Brickell Arenne, 9	_ # Z	6
MGR	SAME AS ABOUT	£	
(Han attack mont if necessary)			
(Use attachment if necessary)			
LE V: Effective date, if other than the date of filing ffective date is listed, the date must be specific as	:, (OPTIONAL) id cannot be more than five business days prior to or 90	days a	ıΩe
ffective date is listed, the date must be specific as e of filing.) If the date inserted in this block does not meet the sument's effective date on the Department of State	applicable statutory filing requirements, this date will not		
ffective date is listed, the date must be specific are s of filing.) If the date inserted in this block does not meet the	applicable statutory filing requirements, this date will not		
feetive date is listed, the date must be specific as a of filing.)  If the date inserted in this block does not meet the nument's effective date on the Department of State LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	applicable statutory filing requirements, this date will not seconds.		
If the date inserted in this block does not meet the sument's effective date on the Department of State LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in at I am aware that any false inform constitutes a third degree felony	applicable statutory filing requirements, this date will not a records.  r an authorized representative of a member. Ecordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.		
REQUIRED SIGNATURE:  Signature of a member of the date in a make the specific are soffiling.)  REQUIRED SIGNATURE:  Signature of a member of the date in a make that any false inform constitutes a third degree felony	applicable statutory filing requirements, this date will not a records.  The statutory filing requirements, this date will not a records.  The statutory filing requirements, this date will not a records.  The statutory filing requirements, this date will not a records.  The statutory filing requirements, this date will not a record and authorized representative of a member. Secondance with section 605.0203 (1) (b), Florida Statutes, as provided for in s.817.155, F.S.  The statutory filing requirements, this date will not applicable will not a records.	be list	ed
REQUIRED SIGNATURE:  Signature of a member of a may a may be specific and the summent's effective date on the Department of States.  REQUIRED SIGNATURE:  Signature of a member of the document is executed in and I am aware that any false inform constitutes a third degree felony.  Tolerand Type  \$125.00 Filing Fee for Articles of Organizates \$30.00 Certified Copy (Optional)	applicable statutory filing requirements, this date will not a records.  The records of a member of a	15 SEP	ed
REQUIRED SIGNATURE:  Signature of a member of this document is a maware that any false inform constitutes a third degree felony  Signature of a member of the document is a maware that any false inform constitutes a third degree felony  To Color Type  \$125.00 Filing Fee for Articles of Organizat	applicable statutory filing requirements, this date will not a records.  The records of a member of a	15 SEP	