

45000146302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

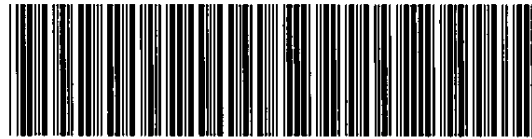
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200276657182

09/01/15--01022--009 \*\*155.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP - 1 PM 3:41

RECEIVED  
2015 SEP - 1 PM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 01 2015

T SCHROEDER

Wolters Kluwer

2075 Centre Pointe Blvd Ste. 101 Tallahassee, FL 32308

850-205-8842

GACP U.S. VENTURES LLC

[Redacted Box]

- Nonprofit
- Domestic Corporation
- Limited Partnership
- LLC Formation
- Certified Copy Formation
- Walk In
- Mail Out

- Amendment
- Dissolution/Withdrawal
- Reinstatement
- Annual Report
- Name Registration
- Fictitious Name
- Photocopies
- Will Wait

- Merger
- Mark
- Other
- CUS
- After 4:30
- Pick Up

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

9/1/2015

KM

Order#  
**9679246**

Ref#:

Amount: \$

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GACP U.S. Ventures LLC  
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. DaGrosa, Jr.  
Name of Person

GACP U.S. Ventures LLC  
Firm/Company

1221 Brickell Avenue, #2660  
Address

Miami, FL 33131  
City/State and Zip Code

mblakemore@1848capital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Blakemore at (786) 662 3114  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)     \$160.00 Filing Fee, 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GACP U.S. Ventures LLC  
(Must end with 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:

2373 Ponce de Leon Blvd  
MIAMI # 3340  
Coral Gables, FL 33134

1221 Brickell Avenue  
# 2660  
Miami, FL 33131

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 Island Road  
Florida street address (P.O. Box **NOT** acceptable)  
Plantation, FL 33324  
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..

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

(CONTINUED)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP - 1 PM 3:41

**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

AMBR

Joseph E. DaGrosa, Jr.  
1221 Brickell Avenue, #2660  
Miami, FL 33131

MGR

SAME AS ABOVE

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

J. DaGrosa

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.

Joseph E. DaGrosa, Jr.  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP - 1 PM 3:41