



L000000013571

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 11/6/00 11:00

CERTIFIED COPY

CUS

X PHOTO COPY

X FILING LLC

1.) Go Grove L.C.
(CORPORATE NAME & DOCUMENT #)

2.) 700003452647--8
(CORPORATE NAME & DOCUMENT #) -11/06/00--01043--014
****125.00 ****125.00

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

APPROVE
AND
FILED
00 NOV -6 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATION

NOV 06 - 9 16 AM

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11-6-00

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
GO GROVE, L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

Go Grove, L.C.

ARTICLE II - Address:

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

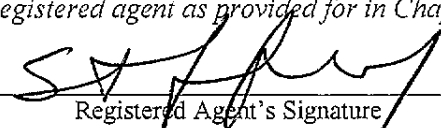
1800 Sunset Harbour Drive, Apt. 2412
Miami Beach, FL 33139

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

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

Susan Tiffany
Name
1800 Sunset Harbour Dr. #1403
Florida street address (P.O. Box NOT acceptable)
Miami Beach FL 33139
City, State, and Zip

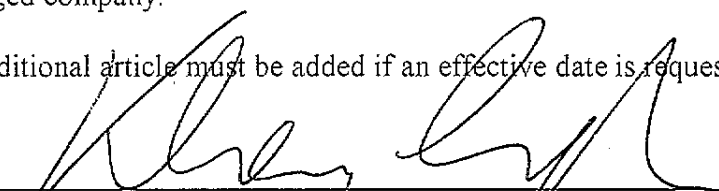
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S.


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

Klaus Ender
Typed or printed name of signee

00 NOV -6 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED