LU8000037623

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
,	•	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		ļ



900122848259

04/15/08--01005--007 **155.00

08 APR 15 AM 10: 56
DIVISION NESSEE PLORIDA

Office Use Only

B. KOHR

APR 1 5 2008

EXAMINER



LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.06 Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ONGANIZATION FOR	FLORIDA LIVITED LIADILITY COMI ANY
ARTICLE I - Name:	
The name of the Limited Liability Company	'is:
	ACC B
GCG Group, LLC.	
	iability Company, "L.L.C.," or "LLC.")
ADTICLEN	The second secon
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
The manning address and street address of the	s principal office of the Elimited Elability Company is
Principal Office Address:	Mailing Address:
8701 SW 110 St.	8701 SW 110 St.
Miami, Fl. 33176	Miami, Fl. 33176
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Gaston Alonso	
Na	nme
8701 SW 110 St.	
Florida street	address (P.O. Box NOT acceptable)
Miami,	_{FL} 33176
City, Sta	ite, 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

MGR	Gaston Alonso
	8701 SW 110 St.
	Miami, Fl. 33176
MGRM	Cynthia Alonso
	8701 SW 110 St.
	Miami, Fl. 33176
(Use attachment if necessary)	
EV: Effective date if other tha	on the date of filing: (OPTION)

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.)

Gaston Alonso

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)