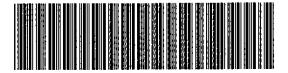
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliss Ellis, Name)
(Document Number)
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Special Instructions to Filing Officer:
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SECRETARY OF STATE
AN ASSET FI ORIDA

T. CLINE

JUL - 6 2011

EXAMINER

COVER LETTER

* 1	TO:	Registration Section Division of Corporations						
	SUBJECT: GSV LLC.							
	Name of Limited Liability Company							
	The enc	closed Articles of Organization and fee(s) are submitted for filing.						
	Please re	Please return all correspondence concerning this matter to the following:						
		Glenn A. Vanas						
	_	Name of Person						
		GSV LLC.	•					
	Firm/Company							
	249 Leonia Avenue							
	Address							
	Bogota, NJ 07603							
	City/State and Zip Code	ZS C						
		gvanas@vanasconstruction.com E-mail address: (to be used for future annual report notification)						
	For furth	ner information concerning this matter, please call:	RETARY AHASSE					
	GI	lenn Vanas at (201) 883-1944	<u> </u>					
		Name of Person Area Code & Daytime Telephone Number	AN EN ZO OF STATE OF STATE					
	Enclosed	d is a check for the following amount:	1					
XS	125.00 F	Filing Fee \$\int_\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is	tatus &					

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	17.1.111.				
The name of the Limite	d Liability Company is:				
	GSV LLC.				
(Must end	with the words "Limited Liabil	ity Company, "L.L.C.," or	r "LLC.")		
ARTICLE II - Addres The mailing address and	s: I street address of the pr	incipal office of the	: Limited Liab	oility Comp	oany is:
Principal Office Addre	ess:	Mailing Address	<u>:</u>		
249 Leonía	Avenue	249 Leonia	Avenue		
Bogota, NJ	07603	Bogota, NJ	07603		
(The Limited Liability Companbusiness entity with an active I	Florida registration.) la street address of the registration Robert Van Name 1239 Glovervi Village of Ca	egistered agent are: as lle Terrace roline ress (P.O. Box <u>NOT</u> ac		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	 	FL 32162 te, and Zip		<u>></u>	Þ
liability company at registered agent and ag statutes relating to the	registered agent and to a the place designated in the ree to act in this capacity proper and complete per as of my position as regis Registered Agent's Signati	accept service of productions certificate, I here is I further agree to deformance of my dutiented agent as provided the control of the contr	by accept the comply with the ies, and I am f	appointmer he provisior familiar wit	nt as ns of all th and

(CONTINUED)

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
Managing Member	Glenn A. Vanas	
	249 Leonia Avenue	
·	Bogota, NJ 07603	
		
		
(Use attachment if necessary)		
	(CONTIONAL)	
ARTICLE V: Effective date, if other than the d	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior	
to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:	Es 2	
Signature of a member	or an authorized representative of a member.	,
(In accordance with section 608.4	08(3), Florida Statutes, the execution of this document	
constitutes an affirmation under the constitutes and affirmation under the constitution of the constitutio	tion submitted in a document to the Department of State	į
constitutes a third degree felony a	as provided for in s.817.155, F.S.)	
Glenn A. Van	as	;

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)

Typed or printed name of signee