

L03000048351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

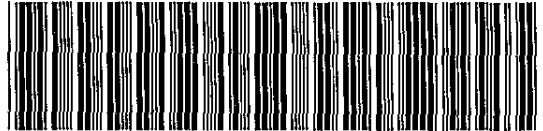
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500023903705

FILED

03 NOV 26 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

03 NOV 26 PM 1:02

DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

BR



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 338463 7272435

AUTHORIZATION :

COST LIMIT : \$ 160.00

Patricia Fajardo

ORDER DATE : November 26, 2003

ORDER TIME : 10:34 AM

ORDER NO. : 338463-010

CUSTOMER NO: 7272435

CUSTOMER: Juan Zorrilla
Zorrilla & Associates, LLC

Suite 705
2200 South Dixie Highway
Miami, FL 33133

03 NOV 26 AM 7:58
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: GEC BOYNTON BEACH, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **GEC Boynton Beach, LLC**

ARTICLE II - Address:

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

**2760 N. University Drive
Davie, FL 33024**

Principal Office Address: Mailing Address:

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

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

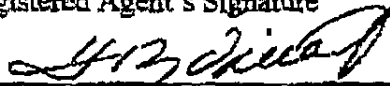
Name: **Sara L. Vinas**

Florida street address (P.O. Box **NOT** acceptable)

**2760 N. University Drive
Davie, FL 33024**

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

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

**Hector R. Vinas, MGRM
2760 N. University Drive
Davie, FL 33024**

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.)

Hector R. Vinas

Typed or printed name of signee

03 NOV 26 AM 7:58
FILED
OFFICE OF THE CLERK OF THE
SUPREME COURT OF FLORIDA