

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L01000007366

Gov Financial LLC

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-05/09/01--01077--017
****155.00 ****155.00

Treva, this is the
one I talked to you
about

Shanes



Stacey

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- Art of Inc. File
- LTD Partnership File
- Foreign Corp. File
- ☒ L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- ☒ Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier

TO BE FILED
TO AVOID
SUFFICIENCY OF FILING

2001 MAY -9 PM 2:38

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY -9 PM 2:52

APPROVED
AND
FILED

CAPITAL CONNECTION

850 222 1222

05/09 '01 12:18 NO.293 04/04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GRV FINANCIAL LLC**ARTICLE II - Address:**

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

**1111 BISCAYNE BLVD BUILDING I Suite 2107
MIAMI FLORIDA 33131****ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**


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

GEOFFREY M. TRISEN
1111 BISCAYNE BLVD. BUILDING I, Suite 2107
MIAMI, FLORIDA 33131
Florida street address (P.O. Box **NOT** acceptable)
MIAMI, FLORIDA FL 33131
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.

 **Victoria Bradburn**
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.)

GEOFFREY M. TRISEN
Typed or printed name of signer**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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