

# L02000020871

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. GABLE DREAMS GROUP LLC  
(Corporation Name) (Document #) 800007136388--3  
-08/15/02--01027--021  
\*\*\*\*\*76.25 \*\*\*\*\*76.25
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. 800007136388--3  
-08/15/02--01027--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

**Articles of Organization for  
Gable Dreams Group, LLC**

Articles of Organization for

Gable Dreams Group, LLC

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TALLAHASSEE, FLORIDA

Article I  
Name

The name of the Limited Liability Company is: **Gable Dreams Group, LLC**

Article II  
Address

The mailing address and street address of the principal office of the Limited Liability Company is: **2550 South Bayshore Drive, Suite # 2, Miami, Florida 33133**

Article III  
Registered Agent

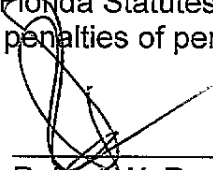
The name and the Florida street address of the registered agent are:

**Robert W. Rodriguez, Esq.  
2121 Ponce De Leon Boulevard  
Suite 1035  
Coral Gables, Florida 33134**

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, Robert W. Rodriguez, hereby accept the appointment to act in this capacity, and 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 provided for in Chapter 608, F.S.

  
\_\_\_\_\_  
Robert W. Rodriguez, Registered Agent

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.

  
\_\_\_\_\_  
Robert W. Rodriguez