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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : MASTRIANA & CHRISTIANSEN, P.A.
Account Number : 119990000141
Phone : (954)566-1234
Fax Number : (954)564-0222

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN -9 PM 12:00

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DIVISION OF CORPORATION

03 JUN -9 AM 10:09

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LIMITED LIABILITY COMPANY

GKR Associates, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Handwritten initials and date: 6-9-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name:

The name of the Limited Liability Company is:
GKR Associates, LLC

ARTICLE II Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
940 NW 1st Street
Fort Lauderdale, FL 33311

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

The name and Florida street address of the initial registered agent are:
F. Ronald Mastriana, Esq.
Mastriana & Christiansen, P.A.
1500 N. Federal Hwy., Suite 200, Fort Lauderdale, FL 33304

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.


Signature/Registered Agent

ARTICLE IV Management (Check below 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.

ROBERT M. CALMICHAEL
Typed or printed name of signee.

03 JUN - PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED AND FILED

Filing Fee:
\$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)