

L03000041537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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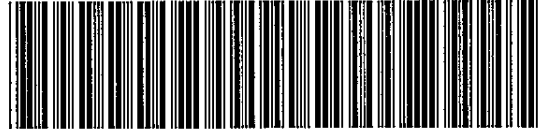
(Business Entity Name)

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STATE
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DEFINITION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

hgc



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 297868 7272435

AUTHORIZATION :

COST LIMIT : \$ 160.00

FILED
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FLORIDA

ORDER DATE : October 28, 2003

ORDER TIME : 12:22 PM

ORDER NO. : 297868-005

CUSTOMER NO: 7272435

CUSTOMER: Juan Zorrilla
Zorrilla & Associates, Llc

Suite 705
2200 South Dixie Highway
Miami, FL 33133

DOMESTIC FILING

NAME: GEC COMMERCIAL, 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 GEC COMMERCIAL, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:
GEC Commercial, 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

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

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

Name : **Sara Lahr Vinas P.A.**

Florida street address: **2760 N. University Dr.; 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.


Sara L. Vinas

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 Dr.
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.)

Sara L. Vinas

Typed or printed name of signee

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