# L03000044945

| (Requestor's Name)                      |                         |                |
|---|-------------------------|----------------|
| (Address)                               |                         |                |
| . (Ad                                   | dress)                  |                |
| (Cit                                    | y/State/Zip/Phone #     | <del>/</del> ) |
| PICK-UP                                 | WAIT                    | MAIL           |
| (Bu                                     | siness Entity Name      | )              |
| (Document Number)                       |                         |                |
| Certified Copies                        | Ce <u>rti</u> ficates c | of Status      |
| Special Instructions to Filing Officer: |                         |                |
|   |                         |                |
|   |                         |                |
|   |                         |                |
|   |                         |                |

Office Use Only



400024176794

11/10/03--01048--020 \*\*160.00

TARION OF CORPORATIONS

# TRANSMITTAL LETTER

**TO:** Registration Section -- Division of Corporations

SUBJECT: GEC 167, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sara L. Vinas
Sara Lahr Vinas, PA
2970 N. University Dr.
Davie, FL 33024

For further information concerning this matter, please call: Sara L. Vinas at (954) 499-8663 ext. 224

# STREET ADDRESS: MAILING ADDRESS:

Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines Street P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is: GEC 167, 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:

142 Pula

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.)

hat the facts stated herein are true

Hector R. Vinas

Typed or printed name of signee