

L04000043634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000037660600

00

06/10/04 -01011--001 \*\*160.

FILED  
2004 JUN -9 AM 10:12  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
JUN 10 AM 9:23

J. BRYAN JUN 10 2004

Sumate Research  
Requester's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

656-5454  
Phone #

FILED  
2004 JUN -9 AM 10:12  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Office Use Only

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

1. GWFP Associates LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time ☐ Photocopy ☒ Certified Copy  
☐ Mail out ☐ Will wait ☒ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**GWFP ASSOCIATES LLC**

**ARTICLE II - Address**

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

c/o David Garfinkle, Manager  
1111 Lincoln Road, Suite 400  
Miami Beach, Florida 33139

**ARTICLE III - Duration**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - Management**

The Limited Liability Company shall be managed by one or more managers (who shall be designated "Manager(s)") and is, therefore, a manager-managed company.

**ARTICLE V - Registered Agent and Office**

The name and address of the initial registered agent of the Limited Liability Company is:

David Garfinkle  
1111 Lincoln Road, Suite 400  
Miami Beach, Florida 33139

FILED  
2004 JUN -9 AM 10:12  
GWFP ASSOCIATES LLC  
TALLAHASSEE, FLORIDA

9th IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization this day of June, 2004.

By: 

David Garfinkle, Authorized Representative

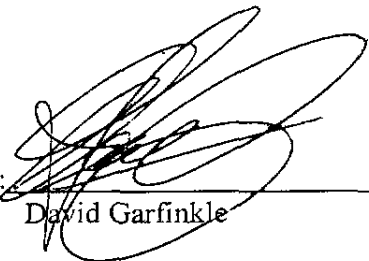
(In accordance with Section 608.408(3), Florida Statutes,  
the execution of this document constitutes an affirmation under  
the penalties of perjury that the facts stated herein are true.)

FILED  
2004 JUN - 9 AM 10:12  
CORPORATIONS  
ALLAHASSEE, FLORIDA

## REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above-stated limited liability company at the address designated in the articles of organization pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned individual hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of his duties.

Date: June 9<sup>th</sup>, 2004.

By:   
David Garfinkle

FILED  
2004 JUN -9 AM 10:12  
CORPORATIONS  
TALLAHASSEE, FLORIDA