

L05000040627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

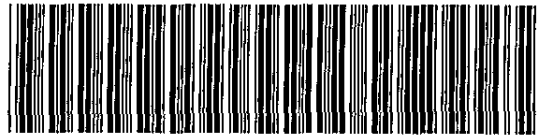
(Document Number)

Certified Copies _____ Certificates of Status _____

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04/26/05--01004--015 **395.00

RECEIVED
05 APR 26 AM 9:43
DIVISION OF CORPORATION

FILED
05 APR 26 AM 10:45
TALLAHASSEE, FLORIDA

Sunstate Research

Requester's Name

Address

City/State/Zip

Phone #

651-5454

FILED
05 APR 26 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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

1. Griffin Pointe GP, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

file 1st

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

NEW FILINGS

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

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

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

Examiner's Initials

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

FILED
05 APR 26 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is:

GRIFFIN POINTE GP, LLC

ARTICLE II - Address

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

8725 N.W. 18th Terrace
Suite 204
Miami, Florida 33172

ARTICLE III - Duration

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

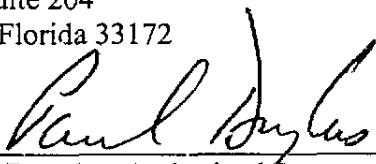
ARTICLE IV - Management

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:

Paul Douglas
8725 N.W. 18th Terrace
Suite 204
Miami, Florida 33172



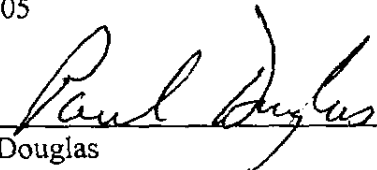
Paul Douglas, Authorized Representative

(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.)

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 CORPORATION 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.

DATED THIS 25th DAY OF APRIL, 2005



Paul Douglas