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SECRETARY OF STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS



## COVER LETTER

TO:	Registration S Division of Co				
SUBJ	<sub>ECT:</sub> Ga	arvil Investments, L	L.C.		
			d Liability Company)		
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.		
Please	return all corresp	pondence concerning this matte	er to the following:		
	Jona	athan Tolentino, E	Esq.		
		(	Name of Person)	•	
•	Jona	athan Tolentino, F	P.A.		20
		(	(Firm/Company)		2
	501	Goodlette Rd.	Ste. D-100		2006 JUN 26
•			(Address)		<u> </u>
	Nar	oles, FL 34102	·		2006 JUN 26 PM 12: 51
			/State and Zip Code)		2
For fur	ther information	concerning this matter, please	call:		•
Jo	onathan To	olentino	at (239 ) 793-77	788	
		of Person)	(Area Code & Daytime Te		
Enclos	sed is a check for	or the following amount:			
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing I Certificate of Status Certified Copy (additional copy is enclosed)	&
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	าร	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company i	is:
Garvil Investments, LLC	
(Must end with the words "Limited Liability Company, "Lin	nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
242 Monterey Drive Naples, FL 34119	242 Monterey Drive Naples, FL 34119
•	e registered agent are:  O, P.A.  O, P.

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Wilhem Vilbon
	2201 Kings Lake Blvd.
·	Naples, FL 34112
	riapioo, i L o i i i L
MGR	Dr. Gregroire Garcon
	17590 Circle Pond Court
	Boca Raton, FL 33496
·	
•	
(Use attachment if necessary)	
(,	•
CLE V: Effective date, if other than th	ne date of filing: (OPTIONAL)
effective date is listed, the date must	be specific and cannot be more than five business days pr
90 days after the date of filing.)	
	•
REQUIRED SIGNATURE:	<b>5</b>

CLEED SIGNALI CILE.

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.)

Wilhem Wilbon

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

15:21 Nd 92 Nnr ann

DE HINDE DATE.