Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000237428 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: GUNSTER, YOAKLEY, ETAL.

Account Number : 076117000420

Phone

: (561)650-0728

Fax Number

: (561)655-5677

FLORIDA/FOREIGN LIMITED LIABILITY CO.

GCI 5760, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

Elegronic Filing Menu

H060002374283

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

GCI 5760, LLC

ARTICLE II - Address:

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

701 Northpoint Parkway, Suite 215 West Palm Beach, FL 33407

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

GY Corporate Services, Inc. 777 S. Flagler Drive, Suite 500 East Tower West Palm Beach, FL 33401

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, GY Corporate Services, Inc. hereby accepts the appointment as registered agent and agrees to act in this capacity. GY Corporate Services, Inc. further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and GY Corporate Services, Inc. is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, F.S.

GY/Corporate Services, Inc.

William J Hyland Jr Vice President

ARTICLE IV - Manager:

The name and address of the sole Manager of the Limited Liability Company is as follows:

<u>Title</u>

Name and Address

Manager

Paul E. Beers

701 Northpoint Parkway, Suite 215 West Palm Beach, FL 33407

REQUIRED SIGNATURE:

William J (Hyland) Vr., Authorized Representative

(In accordance with Section 508.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)