

**L07000075696**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : PADRO AND COMPANY, P.A.  
Account Number : I20050000094  
Phone : (305)500-9361  
Fax Number : (305)500-9492

FILED  
07 JUL 23 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**G K R Properties, LLC**

RECEIVED  
07 JUL 23 PM 12:50  
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TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** G R K Properties, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raquel Rodriguez  
(Name of Person)

Padro & Company, P.A.  
(Firm/Company)

8325 NW 53 ST, Suite 102  
(Address)

Miami, FL 33166  
(City/State and Zip Code)

For further information concerning this matter, please call:

Raquel Rodriguez at ( 305 ) 500-9361  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

G K R Properties, LLC

(Must end with the words "Limited Liability Company," "Limited 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:**

1221 Brickell Avenue  
Suite 1590  
Miami, FL 33131

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jose F. Padro  
Name

8325 NW 53 ST, Suite 102  
Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33166      FL  
City, State, and Zip

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*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.*

*Jose F. Padro*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

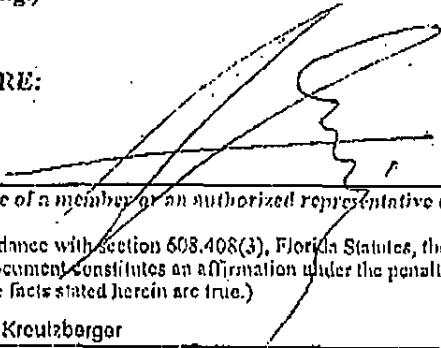
**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>Patricio Kreuzberger</u>	<u>1221 Brickell Avenue</u>
"MGRM"	<u>Suite 1590</u>
	<u>Miami, FL 33131</u>
<u>Sergio Manuel Grosskopf</u>	<u>1221 Brickell Ave</u>
"MGRM"	<u>Suite 1590</u>
	<u>Miami, FL 33131</u>
<u>Hugo Reiter</u>	<u>9600 E. Broadview Drive</u>
"MGRM"	<u>Bay Harbor Islands</u>
	<u>FL 33154</u>

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Patricio Kreuzberger  
\_\_\_\_\_  
Typed or printed name of signer

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