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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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B. KOHR

APR - 1 2009

EXAMINER





Cibel Menendez Direct: 786-871-6442 Direct Fax: 786-871-6441 cmenendez@gencomgrp.com

March 30th, 2009

VIA FEDEX

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6051

FILED S. 15

OPHIR 31 H. S. 15

SALLIMASSEE, FLORIDA

SALLIMASSEE, FLORIDA

TALLIMASSEE, FLORIDA

TALLIMASSEE, FLORIDA

TALLIMASSEE

TA

RE: GRAND BAY#1201, LLC

Enclosed please find the Articles of Organization for GRAND BAY#1201, LLC and payment of **\$155.00** to cover filing fee and certified copy for the above mentioned entity.

If I may be of any further assistance, please do not hesitate to contact me.

Sincerely,

Cibel Menendez

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - No.	ame: Limited Liability Con	npany is:
GRAND BAY #120	I, LLC	
(Must end with the wo	rds "Limited Liability Compa	nny, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - A	Address:	
The mailing addr	ess and street address	of the principal office of the Limited Liability Company is
Principal Office	Address:	Mailing Address:
801 BRICKELL AV	VENUE PH 2	801 BRICKELL AVENUE PH 2
MIAMI, FL 33131		MIAMI, FL 33131
	 	
(The Limited Liability business entity with a	Company cannot serve as its n active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: HOMAS BEZOLD Name OUP 801 BRICKELL AVENUE PH2 a street address (P.O. Box NOT acceptable)
		Name S S
	C/O GENCOM GRO	OUP 801 BRICKELL AVENUE PH2
	Florida	a street address (P.O. Box NOT acceptable)
	1	MIAMI, FL 33131 SH 5
	Ci	ty, State, and Zip
liability comp registered agent statutes relatin	oany at the place design and agree to act in thi. g to the proper and con	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of a mplete performance of my duties, and I am familiar with and n as registered agent as provided for in Chapter 608, F.S
	T	HOMAS BEZOLD

(CONTINUED) Page 1 of 2

Registered Agen's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Memb	per
MGRM	KARIM ALIBHAI
	801 BRICKELL AVENUE PH2
	MIAMI, FL 33131
	
	-
(Use attachment if necessary))
LE V: Effective date, if other	than the date of filing: (OPTIONA
ffective date is listed, the date days after the date of filing.)	must be specific and cannot be more than five business day

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.)

KARIM ALIBHAI

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)

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