L09000103630

(Re	questor's Name)	
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(Cit	:y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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10/21/09--01018--011 **125.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
OG OCT 26 PM 3:55

T. HAMPTON

OCT 2 7 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co		
SUBJE	CT:	G\	W Ventures, LLC
		Name of Limit	ited Liability Company
The end	closed Articles o	of Organization and fee(s) are	e submitted for filing.
Please	return all corresp	oondence concerning this mat	itter to the following:
		В	Bryan Grosman
			Name of Person
•			Firm/Company
		105	51 NW 3rd Street
			Address
-			ndale, Florida 33009 ity/State and Zip Code
_		bryan gro	osman@mindspring.com
For furt	her information	concerning this matter, pleas	,
		n Grosman	at (305 799-4545 Area Code & Daytime Telephone Number
			Area Code & Daytime Telephone Number
_		or the following amount: \$\int\$\$\$130.00 \text{ Filing Fee &}\$\$\$\$\$	\$155.00 Filing Fee & \$\infty\$\$160.00 Filing Fee,
	50 T Hillig T 00	Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section	Street/Courier Address Registration Section
		Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RECEIVED

09 OCT 26 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2009

BRYAN GROSMAN 1051 NW 3RD ST HALLANDALE, FL 33009

SUBJECT: GW VENTURES, LLC Ref. Number: W09000047107

We have received your document for GW VENTURES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L07000065359 (G. W. VENTURES, L.L.C.).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 909A00033700

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar The name of the Li	ne: mited Liability Company	v is:	
	GW VENTURES S	SUNNY ISLES, LLC	
(Mı	st end with the words "Limited L	Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Ad	dress:	·	
The mailing addres	s and street address of th	e principal office of the Limited Li	ability Company is:
Principal Office A	ddress:	Mailing Address:	
1051 NW 3rd Str Hallandale, Floric		1051 NW 3rd Avenue Hallandale, Florida 33009	
(The Limited Liability Co business entity with an a	egistered Agent, Registermany cannot serve as its own Rective Florida registration.) Florida street address of the	ered Office, & Registered Agent's degistered Agent. You must designate an individue he registered agent are:	dual or another
·		Grosman	SECRETARY VISION OF C
	Na	ame	
	1051 NV	V 3rd Street	26
	Florida street address (P.O. Box <u>NOT</u> acceptable)	3
	Hallandale, FL 33009 FL		မွ ်နိုင်
	City, Sta	te, and Zip	SE
liability compar registered agent ar statutes relating t	ny at the place designated ad agree to act in this capo o the proper and complete	to accept service of process for the of in this certificate, I hereby accept the acity. I further agree to comply with a performance of my duties, and I and egistered agent as provided for in Company.	e appointment as the provisions of all n familiar with and

(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:

"MGR" = Manager "MGRM" = Managing	Name and Address: Member	
MGRM	Bryan Grosman 1051 NW 3rd Street Hallandale, Florida 33009	
(Use attachment if nec	essary)	
CLE V: Effective date, i effective date is listed, the	f other than the date of filing: (OPTIONAte date must be specific and cannot be more than five business day	AL) ys p
CLE V: Effective date, i effective date is listed, the	f other than the date of filing: (OPTIONAte date must be specific and cannot be more than five business day filing.)	AL) ys p
CLE V: Effective date, i effective date to effective date is listed, the days after the date of REQUIRED SIGNAT	f other than the date of filing: (OPTIONAte date must be specific and cannot be more than five business day filing.)	AL) ys p
CLE V: Effective date, i effective date is listed, the days after the date of REQUIRED SIGNAT Signation (In according to the content of the c	f other than the date of filing: (OPTIONAte date must be specific and cannot be more than five business day filing.)	AL) ys p
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CLE V: Effective date, i effective date is listed, the days after the date of REQUIRED SIGNAT Signa (In ac of the that the date of the days after the	f other than the date of filing: (OPTIONAL date must be specific and cannot be more than five business day filing.) TURE: State of a member or an authorized representative of a member. Stoordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)	AL)
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DIVISION OF CORPORATIONS

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