

L10000122940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

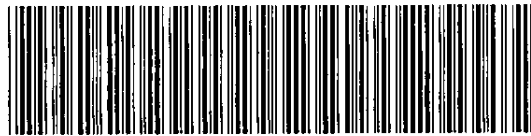
(Business Entity Name)

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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

NOV 30 2010

EXAMINER

FILED  
10 NOV 30 PM 1:35  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 11/30/2010

REF. #: 000150.137062

CORP. NAME: GREAT FLORIDA MANAGEMENT, LLC

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV 30 PM 1:39

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 537563 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

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Examiner's Initials

**ARTICLES OF ORGANIZATION  
FOR  
GREAT FLORIDA MANAGEMENT, LLC**

**ARTICLE 1. - NAME:**

The name of this Limited Liability Company ("Company") shall be:

GREAT FLORIDA MANAGEMENT, LLC

**ARTICLE 2. - ADDRESS**

The mailing address and street address of the principal office of the Company is:  
6301 SW 39 Street, Miami, Florida 33155.

**ARTICLE 3. - DURATION**

The period of duration for the Company shall be perpetual unless dissolved according to law.

**ARTICLE 4. - MANAGEMENT**

The Company is to be managed by: a manager or managers and the name(s)  
and address of such manager(s) is:

Martin E. Monteverde  
6301 SW 39 Street  
Miami, Florida 33155

**ARTICLE 5. - ADMISSION OF ADDITIONAL MEMBERS**

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

**ARTICLE 6. - MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be: determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.

  
MARTIN E. MONTEVERDE, MANAGER

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. THE NAME OF THE LIMITED LIABILITY COMPANY IS:

GREAT FLORIDA MANAGEMENT, LLC

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

WILFREDO CONTRERAS  
NAME

6301 SW 39 Street

Florida street address

Miami, Florida 33155

CITY, STATE AND ZIP

*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.*

  
\_\_\_\_\_  
WILFREDO CONTRERAS  
SIGNATURE