L110000083865

•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/r none #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
A. LUNT					
JUL 21 2011					
EXAMINER					

Office Use Only



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SEGNETARY OF STATE
ALL'AHASSEF EI STATE

COVER LETTER

TO:	Registratio Division of	on Section Corporations				
SUBJE	CCT: GV	18, LLC				
		Name of Limited	d Liability Company			
The end	closed Article	es of Organization and fee(s) are s	ubmitted for filing.			
Please 1	return all corr	espondence concerning this matte	r to the following:			
	Michele	e L. Beach				
-			Name of Person			_
	GV 18,	LLC				
•			Firm/Company			-
_	31 Oce	an Reef Dr. #18			SEE	29 1
			Address		HA REL	<u>=</u>
ŀ	Key Larg	o, FL 33037			RETARY OF STATE AHASSEE. FLORIDA	
•		City	State and Zip Code		100	9 5
-	webekeys	s@comcast.net	0			Ş.
		E-mail address: (to be used fo	·	cation)		6
For furt	ther informati	on concerning this matter, please	call:			
Mich	ele L. Bea	ach	at (305) 619	-1354		
	Na	me of Person		time Telephone Number	r	
Enclos	ed is a check	k 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)	Certificate (osed) Certified (Filing Fee, e of Status & Copy copy is enclose	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier A Registration Sect Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	ion porations Center Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	•
GV 18, LLC.	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
31 Ocean Reef Dr. #18 Key Largo, FL 33037	31 Ocean Reef Dr. #18 Key Largo, FL 33037
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Michele L. Beach	Hri H
Name	19 19 88gg
31 Ocean Reef Dr	· #10
Florida street addre	ess (P.O. Box NOT acceptable)
Key Largo	FL 33037

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..

City, State, and Zip

Registe ed Agent's Signature (REQUIRED)

(CONTINUED)

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

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

MGR	Michele L. Beach	SSEE SYC
 	31 Ocean Reef Dr. #18	77
	Key Largo, FL 33037	57
		8 F
		
	-	_
		
		
(Use attachment if necessary)		
(656 4		

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michele L. Beach

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)