08/01/2029 02:14 Division of Corporations

L11000107653

3446 P.001/002

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please *print this* page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000229882 3)))

H11000229882 3ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
11 SEP 20 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 20 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FLORIDA LIMITED LIABILITY CO.

GFC, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$130.00

B. BOSTICK

SEP 21 2011

EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

H11000229882

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: GFC, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1200 BRICKELL AVE SUITE 1950	1200 BRICKELL AVE SUITE 1950
MIAMI, FL 33131	MIAMI, FL 33131

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida Street Address of the registered Agent are:

DAVID GARCIA VILLASANA

1200 BRICKELL AVE SUITE 1950 MIAMI, FL 33131

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.

Registered agent's signature

FILED
11 SEP 20 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:	Name and Address
MGR	David Garcia Villasana 1200 Brickel Ave Suite 1950 Miami, FL 33131

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statues, 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 in s.817.155, F.S.).

DAVID GARCIA VILLASANA

Typed or printed name of signee

H11000229882