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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SEURETARY OF STATE
ANALYSEE ET ARIBA

J. SAULSBERRY EXAMINER

SEP 13 2012

## **COVER LETTER**

	ration Section ' n of Corporations			
<sub>SUBJECT:</sub> G	V LAUDERHILL, LL	С		
	Name of Lim	ited Liability Company		
The enclosed Ar	ticles of Organization and fee(s) are	e submitted for filing.		
Please return all	correspondence concerning this ma	tter to the following:		
Timo	thy R Barnes			
		Name of Person		
Senio	or Management Advi	sors, Inc		
		Firm/Company		
1377	0 58th Street North, S	Suite 312	Z <sub>A</sub>	2812
_ <del></del> _		Address	<u>A</u> P	333
Clearw	vater, FL 33760		ASS	<u></u>
tharna	ci s@SMAservices.net	ity/State and Zip Code	OP S	117 SEP 131 MH 8 32
<u>wante</u>		for future annual report notification)		<del>- 89</del> -
For further inform	mation concerning this matter, pleas	ee call:	9	32
Timothy R E	Barnes	_at (727) 726-3980 ext 3		
	Name of Person	Area Code & Daytime Telephone I	Number	
Enclosed is a cl	neck for the following amount:			
]\$125.00 Filing F	ee \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee ificate of Status ified Copy tional copy is encl	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

# GV LAUDERHILL, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
13770 58th Street North	13770 58th Street North
Suite 312	Suite 312
Clearwater FL 33760	Clearwater, FL 33760

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Timothy R Barnes

13770 58th Street North, Suite 312

Florida street address (P.O. Box NOT acceptable)

Clearwater FL 33760
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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(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 Member	Name and Address:
MGRM	DFGV Holdings, Inc.
THO I CAN THE STATE OF THE STAT	13770 58th Street North, Suite 312
	Clearwater, FL 33760
	<del></del>
	<del></del>
(Use attachment if necessary)	
in effective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
an effective date is listed, the date must be r 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a member of a may are that any false inform constitutes a third degree felony	er or an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true.
REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true.
REQUIRED SIGNATURE:  Signature of a member of a may are that any false inform constitutes a third degree felony of timothy R Bar	er or an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a member	e specific and cannot be more than five business days prior  or or an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State of as provided for in s.817.155, F.S.)  Thes  ped or printed name of signee
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