L13000018899

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SECRETARY OF STATE
ANASSEE, FLORIDA

MAR 28 2013 J. BRYAN

	C	OVER LETTE	К		
	istration Section ision of Corporations				
SUBJECT:	GAVA 705, LLC				
	. Name o	of Limited Liability Cor	npany		
Dear Sir or N	1adam:				
The enclosed	Articles of Correction and fee(s) a	re submitted for filing.			
Please return	all correspondence concerning this	s matter to the following	g:		
Carol	Saxton			금	~
	Name of Person			ALC CEC	013
TLC title Company of Florida, Inc. Firm/Company					
	Firm/Company		-	SS	27
4801	S. University Drive	e, Suite 136	; -	EE. FL	PM
	Address			ORATION AND AND AND AND AND AND AND AND AND AN	80:1
Davie	, FL 33328			A P	ෙ
	City/State and Zip Code		_		
info@	tlctitleflorida.cor	m			
_	address: (to be used for future annu		_		
For further in	nformation concerning this matter,	please call:			
Carol	Saxton	_{at (} 954	434-4339		
	Name of Person		de & Daytime Telephone Nu	mber	_
STREET/COURIER ADDRESS: Registration Section			MAILING ADDRESS: Registration Section		
Division of Corporations			Division of Corporations		
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahassee, Florida 323	14	
	Florida 32301				
Enclosed is	a check for the following amount	:			
S25 Filing		□ \$55 Filing Fee &	□ \$60 Filing Fee,	o	
	Certificate of Status	Certified Copy	Certificate of Status Certified Copy	α	

CR2E062 (08/05)

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	ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY
Pursua busine in Flor	nt to section 608.4115, F.S., this document is being submitted within the required 30 sess days to correct the attached articles of organization or application to transactibusiness ida.
FIRST	The name of the limited liability company is: 6AVA 705, LEE &
SECO	ND: The articles of organization or the application to transact business
<u>(C</u> H	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	Manager Victoria M. Gav should be VICTORIA M. GAVA
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	3 - 15 - <u>2013</u>
	Signature of a member or authorized representative of a member
	Victoria M. Gava
	Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E062 (08/05)

Electronic Articles of Organization For Florida Limited Liability Company

L13000018899 FILED 8:00 AM February 06, 2013 Sec. Of State

Article I

The name of the Limited Liability Company is: GAVA 705, LLC

Article II

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

401 N.E. 14TH AVENUE 201 HALLANDALE BEACH, FL. 33009

The mailing address of the Limited Liability Company is:

401 N.E. 14TH AVENUE 201 HALLANDALE BEACH, FL. 33009

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

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

AURELIAN GAVA 401 N.E. 14TH AVENUE 201 HALLANDALE BEACH, FL. 33009

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.

Registered Agent Signature: AURELIAN GAVA



Article V

The name and address of managing members/managers are:

Title: MGRM AURELIAN GAVA 401 N.E. 14TH AVE HALLANDALE BEACH, FL. 33009

Title: MGR VICTORIA M GAV 401 N.E. 14TH AVE HALLANDALE BEACH, FL. 33009

Title: MGR AUREL R GAVA 401 N.E. 14TH AVE HALLANDALE BEACH, FL. 33009

Article VI

The effective date for this Limited Liability Company shall be: 02/06/2013

Signature of member or an authorized representative of a member

Electronic Signature: AURELIAN GAVA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L13000018899 FILED 8:00 AM February 06, 2013 Sec. Of State bbostick

