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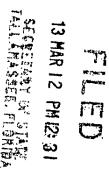
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COVER LETTER

TO: **Registration Section Division of Corporations** G5 Captiva, LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DANIEL GABRIELLE Name of Person G5 Captiva, LLC Firm/Company 7778 LA CORNICHE CIRCLE Address **BOCA RATON, FLORIDA 33433** E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIEL GABRIE Name of Person Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$155.00 Filing Fee & □ \$160.00 Filing Fee, **■**\$130.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

ARTICLE I - Name: The name of the Limited Liability Company is:		
G5 Captiva, LLC (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7778 LA CORNICHE CIRCLE BOCA RATON, FLORIDA 33433	7778 LA CORNICHE CIRCLE BOCA RATON, FLORIDA 33433	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r JEFFREY SETH SELZER, ESQ. Name 2550 N.E. 15TH AVENUE Florida street address at the street address of the registration.	ered Agent. You must designate an individual or another	
WILTON MANORS FL		
Having been named as registered agent and to liability company at the place designated in tregistered agent and agree to act in this capacall statutes relating to the proper and complete	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S	

(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:

"MGRM" = Managing Member MGRM DANIEL GABRIELLE 7778 LA CORNICHE CIRCLE BOCA RATON, FLORIDA 33433 MGRM SUSAN GABRIELLE 7778 LA CORNICHE CIRCLE BOCA RATON, FLORIDA 33433 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:	_	<u> Citle:</u>	Name and Address:	
MGRM DANIEL GABRIELLE 7778 LA CORNICHE CIRCLE BOCA RATON, FLORIDA 33433 MGRM SUSAN GABRIELLE 7778 LA CORNICHE CIRCLE BOCA RATON, FLORIDA 33433 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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.) DANIEL GABRIELLE				
MGRM SUSAN GABRIELLE 7778 LA CORNICHE CIRCLE BOCA RATON, FLORIDA 33433 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:	•	"MGRM" = Managing Member		
WGRM SUSAN GABRIELLE 7778 LA CORNICHE CIRCLE BOCA RATON, FLORIDA 33433 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: (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.) DANIEL GABRIELLE	<u>.</u>	MGRM	DANIEL GABRIELLE	
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		constitutes an affirmation under the I am aware that any false information	penalties of perjury that the facts stated herein are true. n submitted in a document to the Department of State	
Typed or printed name of signee		DANIEL GABRIELLE		
		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)