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(Re	equestor's Name)	
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FILED 2013 AUG 22 PM 3: 29 SECRETARY F. FLORIDA

> AUG 23 2013 J. BRYAIN

COVER LETTER

TO: Registration Sec Division of Corp						
SUBJECT: <u>GP</u>	2 Designs Name of Limit	LLC ed Liabi	lity Company	····	MANAGEMENT STATEMENT	
The enclosed Articles of C	organization and fee(s) are s	submitte	d for filing.			
Please return all correspon	dence concerning this matte	er to the	following:	,		
	Gail F	edi	oza	·	2013 A	<u>-</u>
		Name of	Person		至所	5
**************************************	GP2 D	CSIO Firm/e	ns uc		Silver F	99 PM
9005 AU.	3 4046 01				二四	بب
<u>8395 NU</u>) 38° Street	- Add	ress		<u> </u>	29
Cooper C	ty, FL 33	024	ad Zip Code		T	
Ga	1@GP2De	SIAN	S.Com annual report notification	n)		
For further information con	accoming this matter, please	call:				
Crail Ped	TOZA Person	_at (<u></u>	54) 354 Area Code & Daytime T	o - 8758 Felephone Numbe		
Enclosed is a check for	the following amount:					
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cei	5.00 Filing Fee & tified Copy litional copy is enclosed)	Certified	e of Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	*	Street/Courier Addr Registration Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	A CE
The name of the Limited Liability Company	is:
,	Hart 2
C 500 5	
GPZ Designs	Suc Fig 3
(Must end with the words "Limited Lis	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2295 Nill 282 Chart	8205 ML) 28th Charal
Concer Color El 8302d	Corner C.L. El 2202d
Cooper Chy ir C 3002+	Carles CARO, FC 55027
The name and the Florida street address of the Gail Re	edroza
210 NU 28 - 12 NU 28 -	Street CO Day NOT
Provida Sirect	address (P.O. Box NOT acceptable)
<u>Cooper Cata</u>	State, and Zip
liability company at the place designated i registered agent and agree to act in this cap all statutes relating to the proper and comp	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of elete performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S.
Registered Agent's Sig	pature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each M	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Managing Member(s): anager or Managing Member is as follows: Name and Address: Caullarmo Pedroza 8395 Nw 381 Street
MGRM	Gullermo Pedroza 8395 Nw 3845 Street Cooper City, FL 33024
4 44	
(Use attachment if necessary)	
FICLE V: Effective date, if other than effective date is listed, the date in to or 90 days after the date of filing	must be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a market	combet or an authorized representative of a member
Signature of a magnetic state of the section constitutes an affirmation of the section of the se	on 668.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
Signature of a magnetic state of the section constitutes an affirmation of the section of the se	on 668.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
Signature of a magnetic state of the section constitutes an affirmation of the section of the se	on 668.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)