

#098 P.001/004

Page 1 of 1

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.

(((H130002767473)))



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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. Account Number: 075350000353

Phone : (800)221-2972

Fax Number

: (888)692-9256

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

Email Address:____

FLORIDA LIMITED LIABILITY CO. **GIBSONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Help

B. BOSTICK

DEC 19 2013

E12/17/2013

Electronic Filing Menu Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GIBSON MIAMI 8 LLC		
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liab	ility Company is:
rincipal Office Address:	Mailing Address:	
966 GRENWICH STREET #908	668 GRENWICH STREET #908	
NEW YORK, NY 11014		
	NEW YORK, NY 11014	ionatura.
ARTICLE III - Registered Agent, Registered Liability Company cannot sorve as its own business coulty with an active Florida registration.)	stered Office, & Registered Agent's S	al or another
ARTICLE III - Registered Agent, Regi	istered Office, & Registered Agent's S in Registered Agent. You must designate an individue	al or another
ARTICLE III - Registered Agent, Registered Liability Company cannot sorve as its own business entity with an active Florida registration.) The name and the Florida street address of	istered Office, & Registered Agent's S in Registered Agent. You must designate an individue	al or another
ARTICLE III - Registered Agent, Registered Liability Company cannot sorve as its own business entity with an active Florida registration.) The name and the Florida street address of	stered Office, & Registered Agent's S n Registered Agent. You must designate an individue of the registered agent are:	al or another
ARTICLE III - Registered Agent, Registered Liability Company cannot sorve as its own business entity with an active Florida registration.) The name and the Florida street address of	stered Office, & Registered Agent's S in Registered Agent. You must designate an individue of the registered agent are: CORPORATE SERVICES, INC.	al or another
ARTICLE III - Registered Agent, Registered Liability Company cannot sorve as its own business entity with an active Florida registration.) The name and the Florida street address of BLUMBERGEXCELSION 155 OFFICE PLAZA DRIV	stered Office, & Registered Agent's S in Registered Agent. You must designate an individue of the registered agent are: CORPORATE SERVICES, INC.	al or another ALLANA SSEE AAAA SSEE AAAAA SSEE AAAAAAAAAA
ARTICLE III - Registered Agent, Registered Liability Company cannot sorve as its own business entity with an active Florida registration.) The name and the Florida street address of BLUMBERGEXCELSION 155 OFFICE PLAZA DRIV	istered Office, & Registered Agent's S in Registered Agent. You must designate an individue of the registered agent are: CORPORATE SERVICES, INC. Name	al or another 2279 DEC 18

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)

JOSE MOJICA, ASSISTANT SECRETARY

(CONTINUED)

Page 1 of 2

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
morari managing memori	
MGR	CHARLES OUANOUNOU
	666 GRENWICH STREET #908
	NEW YORK, NY 11014
·	
	683
	7
	1
(Use attachment if necessary)	·
IFV. Effective date if other than the	date of filing: (OPTIO
	be specific and cannot be more than five bus
or 90 days after the date of filing.)	•
REOUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	May 1
required signature:	capple
Voran	r or an authorized representative of a member.
Signature of a member (In accordance with section 608	r or an authorized representative of a member. 408(3), Porida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Veronica Gonzalez

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

From:

12/18/2013 12:12

#098 P.002/004

850-617-6381

12/18/2013 10:53:42 AM PAGE

1/001 Fax Server



December 18, 2013

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: GIBSONS LLC REF: W13000068946 2011 DEC 18 AR 8: 58

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is: GIBSON L.L.C., document number L08000079927.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H13000276747 Letter Number: 913A00028687