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SECRETARY OF STATE
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## **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT:	GV ST PETE, LL	_C
SUBJECT.		mited Liability Company
The enclose	d Articles of Organization and fee(s) a	re submitted for filing.
Please retur	n all correspondence concerning this n	natter to the following:
	Timothy R Barnes	3
•		Name of Person
	DFGV Holdings, I	nc.
•		Firm/Company
	13770 58th Stree	t North, Suite 312
		Address
	Clearwater, FL 33	3760
		City/State and Zip Code
	tbarnes@SMAservices.r	to be used for future annual report notification)
For further i	information concerning this matter, ple	·
Timo	thy R Barnes	727 726-3980 ext 323
	Name of Person	727 Area Code    726-3980 ext 323   Daytime Telephone Number   Daytime Tele
Enclosed is	a check for the following amount:	
\$125.00 Fil	ing Fee \$\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtimes\sintitian}}}} \signtimes\sintitian}}}}} \endint{\sintiting{\sintiin}}}}}} \end{\sintiting{\sintiin}}}}}} \e	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLE 1 - Nar The name of the Li	mited Liability Company is:		
	,	-2	
OVET DETE HO		AU.	~
GV ST PETE, LLC	(Must and with the words "Lin	ited Liability Company, "L.L.C.," or "LLC.")	_
	(Must end with the Words Em	med Elability Company, E.E.C., of EEC. )	1
ARTICLE II - Ad	dress:	POP 1	
The mailing addres	s and street address of the princip	al office of the Limited Liability Company is:	_
			جے
<u>Principal Office A</u>	Address: N	lailing Address:	ی.
13770 58th Street North		13770 58th Street North	-
		Suite 312	
Suite 312 Clearwater, FL 33760 ARTICLE III - R		Suite 312 Clearwater, FL 33760  ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or	
Suite 312 Clearwater, FL 33760  ARTICLE III - Ro The Limited Liabi another business e	lity Company cannot serve as its on tity with an active Florida registration of the registration of the registration of the registration.	ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ration.)	
Suite 312 Clearwater, FL 33760  ARTICLE III - Ro The Limited Liabi another business e	lity Company cannot serve as its entity with an active Florida registration of the reg	Clearwater, FL 33760  ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ration.)  ered agent are:	
Suite 312 Clearwater, FL 33760  ARTICLE III - Ro The Limited Liabi another business e	lity Company cannot serve as its entity with an active Florida registration of the reg	ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ration.)	
Suile 312 Clearwater, FL 33760  ARTICLE III - Ro The Limited Liabinother business e	lity Company cannot serve as its entity with an active Florida registration of the reg	Clearwater, FL 33760  ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ration.)  ered agent are:	
Suile 312 Clearwater, FL 33760  ARTICLE III - Re (The Limited Liabinanother business e	lity Company cannot serve as its entity with an active Florida registration of the Reg	Clearwater, FL 33760  ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ration.)  ered agent are:	
Suile 312 Clearwater, FL 33760  ARTICLE III - Re (The Limited Liabinanother business e	lity Company cannot serve as its entity with an active Florida registrative Florida street address of the regist  Timothy R Barnes  N  13770 58th Street North, Suite 312	Clearwater, FL 33760  ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ration.)  ered agent are:	

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	DFGV Holdings, Inc.
	13770 58th Street North, Suite 312
	Clearwater, FL 33760
<del></del>	
• •	ate of filing: (OPTIONAL)
(Use attachment if necessary)  EV: Effective date, if other than the detive date is listed, the date must be filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the dective date is listed, the date must be filling.)  E VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the dective date is listed, the date must be filling.)  E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the dective date is listed, the date must be f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an aftirmation I am aware that any false.)	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the dective date is listed, the date must be f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an aftirmation I am aware that any false.)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)