

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.

(((H15000009393 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HUNT & GROSS, P.A.

Account Number: I20010000038 Phone

: (561)997-9223

Fax Number

: (561)989-8998

**Enter the email address for this business entity to be used for future Email Address: Date. Reed & y-group. com

FLORIDA LIMITED LIABILITY CO. GROVE POINT INVESTMENT HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 1 4 2015

(((H15000009393 3)))

COVER LETTER

	tion Section of Corporations		
SUBJECT: _GE	OVE POINT INVESTMENT! Name of Li	HOLDINGS, LLC mited Liability Company	
The enclosed Artic	cies of Organization and fee(s) a	re submitted for filing.	·
Please return all co	prrespondence concerning this n	satter to the following:	
BET	SY COURANT	Name of Person	
<u> </u>	IT & GROSS, PA		
		Firm/Company	
185	NW SPANISH RIVER BLVD	SUITE 220 Address	
BOC	A RATON, FL 33431	City/State and Zip Code	
DALE.REE	D@Y-GROUP.COM	d for future annual report notific	ation
For further informa	ation concerning this matter, ple	•	nuvii j
DALE REED	Name of Person at (at	306) 769-3777 Area Code Daytime Te	lephone Number
Enclased is a check	k for the following amount:		. •
 3 \$125.00 Filing Fee	Certificate of Status	[2]\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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
Tallahassec, FL 32301

(((H15000009393 3)))

ARTICLES OF ORGANIZATION PO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	FFECTIVE DATE
GROVE POINT INVESTMENT HOLDINGS. L (Must end with the words "Lim	
ARTICLE II - Address; The malling address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1221 BRICKELL AVENUE, SUITE 680 MIAMI, FL 33131	1221 BRICKELL AVENUE SUITE 860 MIAMI, FL 33131
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr	own Registered Agent. You must designate an individual or
The name and the Florida street address of the registe	ered agent are;
DALE REED NO	ame
1221 BRICKELL AVENU Florida street address (P.O.	
MIAMI City	FL 33131 Zip
the place designated in this certificate, I hereby ac capacity. I further agree to comply with the provisi of my duties, and I am familiar with and accept the	nt service of process for the above stated limited liability company at respt the appointment as registered agent and agree to act in this ons of all statutes relating to the proper and complete performance to obligations of my position as registered agent as provided for in thanter 60 S. F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(((H15000009393 3)))

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	JOHN YANOPOULOS
191911	
	MIAMI, FL 33131
	26
	<u> </u>
	7 07
	1221 BRICKELL AVENUE, SUITE 660 MIAMI. FL 33131
	·
EV: Effective date, if other than the date citive date is listed, the date must be s	e of filing: <u>JANUARY (Z 2015</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after
etive date is listed, the date must be sy f filling.)	e of filing: <u>JANUARY (Z 2015</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the datestive date is listed, the date must be sof filling.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the datestive date is listed, the date must be sof filling.) E VI: Other provisions, if any.	e of filing: <u>JANUARY 1Z 2015</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the datestive date is listed, the date must be sof filling.) E VI: Other provisions, If any.	pecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the daterive date is listed, the date must be a filling.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date tilve date is listed, the date must be a filling.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date tilve date is listed, the date must be a filling.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date clive date is listed, the date must be sy f filing.) E VI: Other provisions, If any. REQUIRED SIGNATURE:	ember or an authorized representative of a member.
E V: Effective date, if other than the date efficiency date is listed, the date must be a filling.) E VI: Other provisions, If any. REQUIRED SIGNATURE: Signature of a in	ember or an authorized representative of a member, 05.0203(1) (b). Floids Statutes the execution of this document
E V: Effective date, if other than the date relive date is listed, the date must be a filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in (in accordance with section 6 constitutes an affirmation unc	ember or an authorized representative of a member, 05.0203(1) (b), Florida Statutes, the execution of this document let the pebalties of parjury that the facts stated horein are true.
E V: Effective date, if other than the date relive date is listed, the date must be syffling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in (In accordance with section, 6 constitutes an affirmation uncollant any face info	ember or an authorized representative of a member, 05.0203(1) (b), Florida Statutes, the execution of this document ler the pepalties of perjury that the facts stated horein are true. mation submitted in a document to the Department of State
E V: Effective date, if other than the date relive date is listed, the date must be syffling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in (In accordance with section, 6 constitutes an affirmation uncollant any face info	ember or an authorized representative of a member, 05.0203(1) (b), Florida Statutes, the execution of this document let the pebalties of parjury that the facts stated horein are true.
E V: Effective date, if other than the date relive date is listed, the date must be syffling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in (In accordance with section, 6 constitutes an affirmation uncollant any face info	ember or an authorized representative of a member, 05.0203(1) (b), Florida Statutes, the execution of this document let the pehalties of perjury that the facts stated horein are true, rmation submitted in a document to the Department of State ny as provided for in s.817,155, F.S.)
E V: Effective date, if other than the date effive date is listed, the date must be a fulling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in (in accordance with section, 6 constitutes an affirmation uncollant any face info	ember or an authorized representative of a member, 05.0203(1) (b), Florida Statutes, the execution of this document ler the pepalties of perjury that the facts stated horein are true. mation submitted in a document to the Department of State

Page 2 of 2