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SECRETARY OF STATE

FEB 27 2015 J. HARRIS

COVER LETTER

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: Grace Macchiavema Name of Person Graces Hair Vision Studio 23 Firm/Company 23097 SW 53 Ave. Address Boca Reton. Florida 33433 City/State and Zip Code bmacch@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Macchiavema Name of Person at (561) 445-7224 Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$125.00 Filling Fee □\$130.00 Filling Fee & Certificate of Status & Certificate Of Status & Certificate Copy (additional copy is enclosed)	TO: Registration Section Division of Corporations		
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: Grace Macchiavema Name of Person Graces Hair Vision Studio 23 Firm/Company 23097 SW 53 Ave. Address Boca Raton. Florida 33433 City/State and Zip Code bmacch@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Macchiaverna Name of Person at (561 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S125.00 Filing Fee Certificate of Status Certificate Opy (additional copy is enclosed) Certificate Copy	SUBJECT: CVC Turner, There		
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Mailing Address Street/Courier Address	Mailing Address	Street/Courier Add	ress
Registration Section Registration Section Division of Corporations Division of Corporations	Registration Section	Registration Section	·

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
GVS Twenty Three LLC	ted Liability Company, "L.L.C.," or "LLC.")
(Must end with the words Elittle	ed Liability Company, E.E.C., of EEC.
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
23097 SW 53 Ave.	23097 SW 53 Ave.
Boca Raton, Florida 33433	Boca Raton, Florida 33433
ARTICLE III - Registered Agent, Registered Offic	e, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or
another business entity with an active Florida registra	
The name and the Florida street address of the register	red agent are:
Grace Macchiaverna Na	ma
1101	
23097 SW 53 Ave. Florida street address (P.O. B	Dow NOT acceptable
Florida street address (P.O. E	lox NOT acceptable)
Boca Raton	FL 33433
City	Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	service of process for the above stated limited liability company at cept the appointment as registered agent and agree to act in this ns of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in capter 605, F.S.
(CONTIN	NUED)
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2015 FEB 19 AM 11: 18

MGR" = Manager AMBR	Grace Macchiaverna 23097 SW 53 Ave. Boca Raton florida 33433
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	Roce Paton floride 33433
	DOCA MAROIT HORIDA SOFISS
MGR	Robert Macchiaverna
	23097 SW 53 Ave.
	Boca Raton Florida 33433
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EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the	r or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document epenalties of perjury that the facts stated herein are true.
EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the	r or an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. On submitted in a document to the Department of State
EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as Grace Macchiaverne	r or an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document expensalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)

Page 2 of 2

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