## U5000146324

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docur	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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JIVISION OF CORPORATION
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2075 Centre Pointe Blvd Ste. 101 Tallahassee, FL 32308

850-205-8842

## GACP REAL ESTATE ADVISORS LLC

( ) Nonprofit	() Amendment	() Merger
()Domestic Corporation		
	() Dissolution/Withdrawal	() Mark
() Limited Partnership	() Reinstatement	
	() Annual Report	() Other
(X) LLC		
Formation	() Name Registration	
(X) Certified Copy	() Fictitious Name	
Formation	<del></del>	() CUS
	() Photocopies	
(x) Walk In		() After 4:30
() Mail Out	() Will Wait	(x) Pick Up
Name		
Availability	9/1/2015	Order#
Document		9679246
Examiner	KM	
Updater		Ref#:
Verifier		
W.P. Verifier		
		Amount: \$

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: <u>GACP Real Estate Advisors LLC</u> 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:
Joseph F. DaGrasa, Jr. Name of Person
GACP Real Estate Advisors LLC Firm/Company
1221 Brickell Avenue, #2660
City/State and Zip Code  Mb/akemore & 18 & Capital · com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nelissa Blakemore at (786) 662 31/4  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Malling AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
GACP Real Estate (Must end with the words "Limited Liability	Advisors LC (y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2333 Poncy de Leon Blud Svite KZ40 Ame Coral Gables, FL 37134	1221 Brickell Avenue Swite 2660 Miani, Fl 33131
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	

The name and the Florida street address of the registered agent are:

**ARTICLE I - Name:** 

NRAI Services, Inc.		
	Name	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box NOT a	cceptable)
Plantation, FL 33324	1	
City	State	Zip

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 605, F.S..

Michele Holden, Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: AMBR" = Authorized Member MGR" = Manager	Name and Address:
MAR	Joseph E. DaGrasa 1221 Brickell Aug. H Miami, Ex 23131
NGR_	SAME AS ABOVE
V: Effective date, if other than the ctive date is listed, the date must be filling.)	specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the cative date is listed, the date must be filling.) the date inserted in this block does need to be a series of the Department's effective date on the Department.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
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filing.) he date inserted in this block does nent's effective date on the Department's effective date on the Department's VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is ext I am aware that any ficonstitutes a third department of the constitutes a third department is extended to the constitutes a third department is extended.	ot meet the applicable statutory filing requirements, this date will not ent of State's records.  Member or an authorized representative of a member. scuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State

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