

L5002552573

**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.

((H15000255257 3)))



H150002552573ABC%

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) 617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****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.
Gazelles Social Initiatives LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

15 OCT 26 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 26 AM 3:09

FILED

10/26/2015 10:14:44 AM From: To: 8506176381(2/4)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gazelles Social Initiatives LLC
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:

Jan Lapinid

Name of Person

CT Corporation System

Firm/Company

2875 Michelle Dr., Ste 100

Address

Irvine, CA 92606

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

**\$155.00 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**

10/26/2015 10:14:44 AM From: To: 8506176381(3/4)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gazelles Social Initiatives LLC

(Must end with the words "Limited Liability 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:

1550 NE Miami Gardens Drive

Suite 520

North Miami Beach, FL 33179

Mailing Address:

1550 NE Miami Gardens Drive

Suite 520

North Miami Beach, FL 33179

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)

Plantation FL 33324
City 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..

C T Corporation System
By: Nicole Chouinard
Registered Agent's Signature (REQUIRED)

Nicole Chouinard, Asst.
Secretary

(CONTINUED)

Page 1 of 2

FILED
15 OCT 26 AM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/26/2015 10:14:44 AM From: To: 8506176381(4/4)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Gil Bonwitt

1550 NE Miami Gardens Drive

North Miami Beach, FL 33179

AMBR

Devin Schain

7700 Oldchester Road

Bethesda, MD 20817

AMBR

Elise Scheck

1550 NE Miami Gardens Drive

North Miami Beach, FL 33179

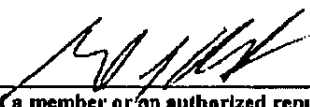
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Gil Bonwitt

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)