

L16000025181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

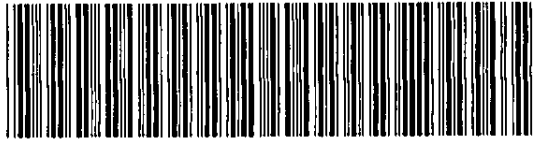
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700281835917

02/05/16--01007--006 **160.00

RECEIVED
DEPARTMENT OF REVENUE
16 FEB -5 PM 12:23
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

16 FEB -5 PM 1:37
STATE OF FLORIDA
DEPARTMENT OF REVENUE

FEB 05 2016

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE SANCTUARY AT EL PORTAL

GP LLC

Signature _____

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

**ARTICLES OF ORGANIZATION
FOR
THE SANCTUARY AT EL PORTAL GP LLC,
a Florida limited liability company**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

ARTICLE I- NAME:

The name of the limited liability company is: **THE SANCTUARY AT EL PORTAL GP LLC**

ARTICLE II- ADDRESS:

The address of its principal place of business, as well as the mailing address for this limited liability company is: 1680 Michigan Avenue, Suite 1001, Miami Beach, FL 33139

ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida address of the registered agent are: Seth Gadinsky, 1680 Michigan Avenue, Suite 1001, Miami Beach, FL 33139

Having been named as registered agent and to accept service of process for the above state 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.



SETH GADINSKY, Registered Agent

STATE
OF FLORIDA

NOV 15 2011 1:37

ARTICLE IV


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

TITLE:	NAME AND ADDRESS:
Manager	SETH GADINSKY 1680 Michigan Avenue, #1001 Miami Beach, Florida 33139
Manager	SAMUEL SORIERO 1680 Michigan Avenue, #1104 Miami Beach Florida 33139
Member	LIARSPOKER, LLC, a Florida limited liability company c/o Gadinsky Real Estate 1680 Michigan Avenue, #1001 Miami Beach Florida 33139 Attention: Seth Gadinsky
Member	GROUP 10 CAPITAL MANAGEMENT, LLC, a Florida limited liability company 1680 Michigan Avenue, #1104 Miami Beach Florida 33139 Attention: Samuel Soriero

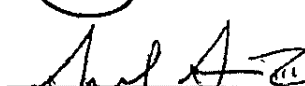
ARTICLE -V - Effective Date, if other than the date of filing: _____(Optional)

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:



Seth Gadinsky, Manager



Samuel Soriero, Manager

16 FEB -5 PM 1:37
RECORDED BY STATE
NOTARIAL PUBLIC
MELISSA

LIARPOKER, LLC, a Florida limited liability company

By: [Signature]
Name: Scott Godinsky
Title: Manager

GROUP 10 CAPITAL MANAGEMENT, LLC, a Florida limited liability company

By: [Signature]
Name: Samuel Soriero
Title: Manager

(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 s817.355, F.S.)

4023
16 FEB - 5 PM 1:37
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA