

L16000057755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

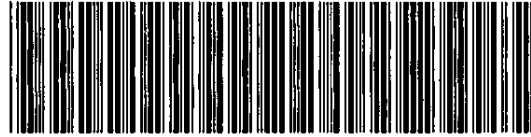
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Remove effective date.
per Carmel J. Barosy on
03-24-16
NK

Office Use Only



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02/11/16--01014--011 **130.00

New
LLC

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STATE
CLERK
TALLAHASSEE, FLORIDA

16 MAR 21 AM 10:07

FILED

DC
3-24-16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

16 MAR 21 PM 4:00

February 25, 2016

DUCARMEL J. BAROSY
18640 NW 2ND AVE.
SUITE 693150
MIAMI, FL 33269

SUBJECT: GB 2016, L.L.C.
Ref. Number: W16000014009

We have received your document and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

We are enclosing the proper form(s) with instructions for your convenience.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 016A00003899

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GB 2016, L.L.C.

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:

DUCARMEL J. BAROSY

Name of Person

GB 2016, L.L.C.

Firm/Company

18640 NW 2 AVENUE, SUITE 693150

Address

MIAMI, FLORIDA 33269

City/State and Zip Code

ducarmel804@gmail.com

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

For further information concerning this matter, please call:

DUCARMEL J. BAROSY 305 733-3841

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

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

Street Address

New Filing 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:

GB 2016, L.L.C.

(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:

18640 NW 2 AVENUE, SUITE 693150
MIAMI, FLORIDA 33269

Mailing Address:

18640 NW 2 AVENUE, SUITE 693150
MIAMI, FLORIDA 33269

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:

GOLDY SAINTILIE

Name

18640 NW 2 AVANUE, SUITE 693150

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FLORIDA

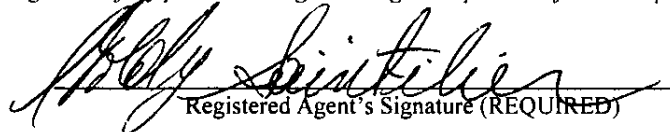
33269

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 MAR 21 AM 10:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

DUCARMEL J. BAROSY

18640 NW 2 AVENUE, SUITE 693150

MIAMI, FLORIDA 33269

(Use attachment if necessary)

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

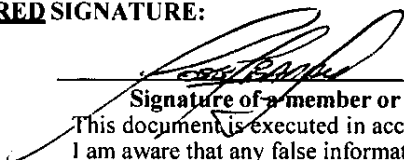
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The company shall commence its existence on the date these Articles of Organization are filed by the Department of State. The term for which this company shall exist, shall be in perpetual. The members of the company shall contribute to the initial capital of the company the amount of \$1,000.00.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

DUCARMEL J. BAROSY

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)