

L160000076295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

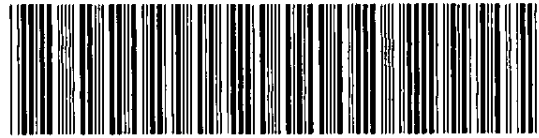
(Business Entity Name)

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T SCHROEDER

Charter Number Only

4/19/16 Elia

Pedro F. Martell

Requester's Name
9485 SW 72nd Street

Address
Miami FL 33173

City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

Great Returns Investment LLC.

- ☐ Profit ☐ NonProfit ☐ Amendment ☐ Merger
- ☐ Foreign ☐ Dissolution ☐ Mark
- ☐ Limited Partnership ☐ Annual Report ☒ Other ☐ Change of Registered Agent
- ☐ Reinstatement ☐ Reservation
- ☒ Certified Copy ☐ Photo Copies ☒ Certificate Under Seal
- ☐ Call When Ready ☐ Call If Problem ☐ After 4:30
- ☒ Walk In ☐ Will Wait ☒ Pick Up ☐ Mail Out

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREAT RETURNS INVESTMENT 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:

PEDRO F. MARTELL, ESQUIRE

Name of Person

PEDRO F. MARTELL, P.A.

Firm/Company

9485 S.W. 72ND STREET, SUITE A-265

Address

MIAMI, FLORIDA 33173

City/State and Zip Code

dotoero@lendingbankers.com

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

For further information concerning this matter, please call:

PEDRO F. MARTELL

305

275-0077

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

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:

GREAT RETURNS INVESTMENT 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:

848 Brickell Avenue, Suite 1200
Miami, Florida 33131

Mailing Address:

848 Brickell Avenue, Suite 1200
Miami, Florida 33131

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:

DAVID OTERO

Name

848 Brickell Avenue, Suite 1200

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

Miami

Florida

33131

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)

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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/MGR

Name and Address:

DAVID OTERO

848 Brickell Avenue, Suite 1200

Miami, Florida 33131

AMBR

GUSTAVO GAMBOA

1900 N. Bayshore Drive, Unit 3314

Miami, Florida 33132

AMBR

CHRISTOPHER HARRIS

2601 S.W. Archer Road, Unit B208

Gainesville, Florida 32608

(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.

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.

DAVID OTERO

Typed or printed name of signer

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)

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