

L16000122539

(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



000287391000

FILED
16 JUL -1 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/01/16--01003--003 **125.00

RECEIVED
16 JUL -1 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 01 2016

T SCHROEDER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 7-1-16

ENTITY NAME:

GICP FINANCIAL GROUP LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

☒

Plain Copy

☐ Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

☐ Certified Copy of Arts & Amendments

☐ Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 125-

CHECK NUMBER: 2639

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

GCP FINANCIAL GROUP LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

255 ALHAMBRA CIRCLE, STE 500

CORAL GABLES, FLORIDA 33134

ARTICLE III REGISTERED AGENT

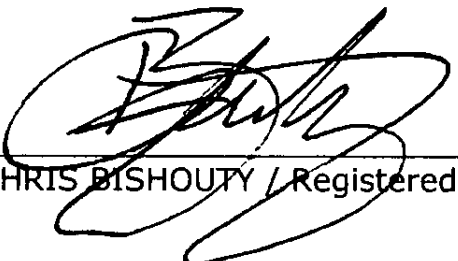
The name and the Florida street address of the registered agent are:

CHRIS BISHOUTY

95 MERRICK WAY 3RD FL

CORAL GABLES, FLORIDA 33134

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.

X 
CHRIS BISHOUTY / Registered Agent's signature

FILED
16 JUL -1 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 2 GCP FINANCIAL GROUP LLC

ARTICLE IV

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

AUTHORIZED MEMBER

GHASSAN BISHOUTY

255 ALHAMBRA CIRCLE, STE 500

CORAL GABLES, FLORIDA 33134

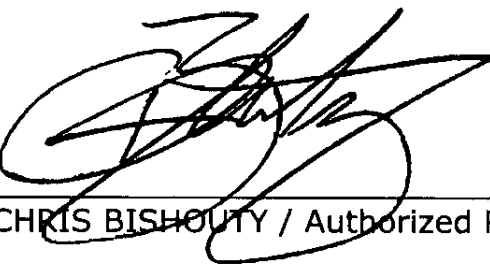
AUTHORIZED MEMBER

CHRIS BISHOUTY

255 ALHAMBRA CIRCLE, STE 500

CORAL GABLES, FLORIDA 33134

FILED
16 JUL - 1 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X 

CHRIS BISHOUTY / Authorized Representative's signature

(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.)