

L17000118086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

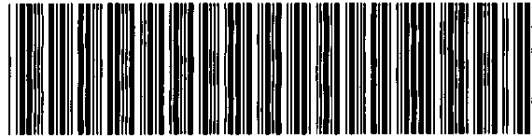
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400299722194

RECEIVED  
DEPARTMENT OF REVENUE  
17 MAY 31 PM 4:02

17 MAY 31 7:56:05

M. MOON  
MAY 31 2017

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 5/31/17**

**NAME: GF PAR LLC**

**TYPE OF FILING: ARTICLES**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

17 MAY 31 11:00 AM

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

GFPAR LLC

**ARTICLE II      ADDRESS**

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

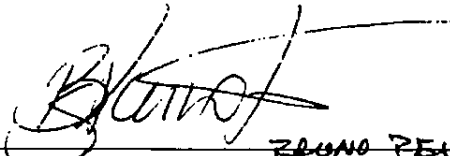
848 BRICKELL AVENUE, STE 1130  
MIAMI, FLORIDA 33131

**ARTICLE III      REGISTERED AGENT**

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

BP TAX ADVISORY LLC  
848 BRICKELL AVENUE, STE 1130  
MIAMI, FLORIDA 33131

*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   
BRUNO PEIXOTO / Registered Agent's signature

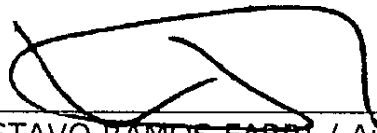
**ARTICLE IV      AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER  
GUSTAVO RAMOS FABRI  
AVENIDA DARCY RIBEIRO NO 100, LOTES 23 E 24  
CONDOMINIO LIMEIRA  
MORADA DA COLINA, RESENDE, RIO DE JANEIRO  
BRAZIL

17/01/2011 10:00:00

-----

X  : \_\_\_\_\_  
GUSTAVO RAMOS FABRI / 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.)*