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To: Division of Corporations
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From: Account Name : SALOMON B. ESQUENAZI, P.A.
Account Number : 120130000020
Phone : (954) 989-4995
Fax Number : (954) 989-4991

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FALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: JONATHAN@GHITISCOMPANY.COM

**FLORIDA LIMITED LIABILITY CO.
1425 New York GPC Funding LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is:

1425 New York GPC Funding LLC

ARTICLE II - Addresses

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

2980 NE 207th St, Suite 706
Aventura, Florida 33180

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jonathan Ghitis
2980 NE 207th St, Suite 706
Aventura, Florida 33180

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.


Jonathan Ghitis

Audit No: H19000357027 3
This instrument was prepared by:
Salomon B. Esquenazi, P.A.
4651 Sheridan Street, Suite 355
Hollywood, Florida 33021
(954) 989-4995

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ARTICLE IV. - Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and addresses of the managers who are to serve as initial managers are:

Jonathan Ghitis
2980 NE 207th St, Suite 706
Aventura, Florida 33180

Leo Ghitis
2980 NE 207th St, Suite 706
Aventura, Florida 33180



Print name/ Jonathan Ghitis, as Authorized Representative
Signature of a member or ~~authorized representative of a member.~~
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.)

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