o: Page 2 of 🛧 12/16/2019	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	13053284115 From: Yanet Avila
	Note: Please print this page and use it as a cover sheet. Type the fax au (shown below) on the top and bottom of all pages of the documer	
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	H190003615743ABC3 Note: DO NOT hit the REFRESH/RELOAD button on your browser from Doing so will generate another cover sheet.	
	Tc: Division of Corporations Fax Number : (850)617-6381 From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977 **Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.	
<b> </b>	Email Address:	
	FLORIDA LIMITED LIABILITY CO.   GRAND CANAL AN, LLC   Certificate of Status 1   Certified Copy 1   Page Count 03   Estimated Charge \$160.00	

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Corporate Filing Menu

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Linsited Liability Company is:

### GRAND CANAL AN, LLC

(Must conatin 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:

Mailing Address:	
SAME	

# 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:

NEMESIO GONZA	LEZ	
	Name	
1268 SW 19 ST		
Florida street addres	is (P.O. Box <u>NOT</u> a	cceptable)
MIAMI	FL	33145
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)

1 1114 *	Name and Address:	
<u>Title:</u> "AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	NEMESIO GONZALEZ	
-	1268 SW 19 ST MIAMI, FL 33145	
	erre	
(Use attachment if necessary)		
TYPE 21 TO S. C. STOC STOC AND A COMPANY AND	date of filing: (OPTIONAL)	
f an effective date is listed the date must be	e specific and cannot be more than five business days prior to or 90 d	avs after
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## REQUIRED SIGNATURE:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)