

L21000096771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

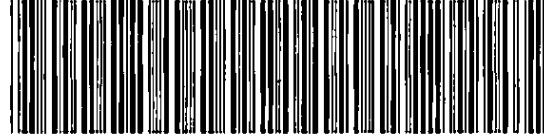
(Document Number)

Certified Copies _____ Certificates of Status _____

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02/24/21--01010--017 **125.00

2021 MAR -2 PM 1:15
3-2-21

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GM 17 LLC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

**ARTICLES OF ORGANIZATION
FOR
GM 17, LLC
(A Florida limited Liability company)**

ARTICLE I – NAME

The name of this limited liability company shall be: **GM 17, LLC.**

ARTICLE II - DURATION

The period of duration for the limited liability company shall commence on the date on which these Articles of Organization are filed with the Department of State of the State of Florida, and shall be perpetual.

ARTICLE III - PURPOSE

The limited liability company is formed to engage in any lawful act or activity for which limited liability companies may be organized under the Florida Limited Liability Act.

ARTICLE IV - MAILING ADDRESS AND STREET ADDRESS

The mailing address of the principal office of this limited liability company shall be 960 Lugo Avenue, Coral Gables, Florida 33156.

The street address of the principal office of this limited liability company shall be 960 Lugo Avenue, Coral Gables, Florida 33156.

ARTICLE V - MANAGEMENT

The management of this limited liability company is reserved to the manager. The name and address of the manager, the person authorized to manage this limited liability company is:

Carlos M. Martinez, MGR
960 Lugo Avenue, Coral Gables, Florida 33156

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ARTICLE VI - REGISTERED AGENT

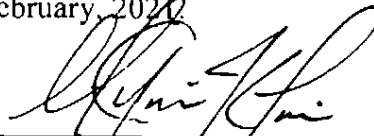
The Registered Agent for service of process on this limited liability company shall be Carlos D. Lerman, Esquire, Lerman & Whitebook, P.A., 2611 Hollywood Boulevard, Hollywood, Florida 33020.

ARTICLE VII - EFFECTIVE DATE

The effective date for this limited liability company shall be the date on which these Articles of Organization are filed with the Department of State of the State of Florida, under s. 605.0207, F.S.

I am the member or authorized representative of the member submitting these Articles of Organization and affirm that the fact stated herein are true. I am aware that false information submitted in a documents to the Department of State constitute a third degree felony as provided for in s. 817.15, F.S. I understand the requirement to file an annual report between January 1 and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

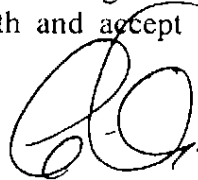
The undersigned hereby affirms that the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true and have executed this instrument as of this 26th day of February, 2020.



Myriam K. Louis, Authorized Representative of
the Manager

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

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.



By: _____

Carlos D. Lerman, Esquire
Registered Agent