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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(D							
(Business Entity Name)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							

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SECRETARY OF STATE

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

GDC MIAMI 2 LLC

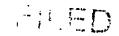
PLEASE RETURN A STAMPED COPY

Ck# 9021 FOR: \$125.00

THANK YOU!

COVER LETTER

TO:	New Flling Sec Division of Cor				
SUBJE	GDC MIAI	MI 2 LLC			
SUDJE	sc::	Name of Lin	ited Liabilit	y Company	
The en	closed Articles of	Organization and fee(s) are	submitted t	for filing.	
Please	return all correspo	ondence concerning this ma	tter to the fo	llowing:	
	CARLOS GA	ARCIA			
			Name of I	Person	
	CARLOS GA	ARCIA P.A			
			Firm/Con	npany	<u></u>
	500 SOUTH	DIXIE HWY. SUITE 202			
			Addre	ss	
	CORAL GA	BLES, FLORIDA 33146			
		C	ity/State and	Zip Code	
	E	E-mail address: (to be used	for future ar	nual report notificati	on)
For furth	ner information co	ncerning this matter, please	call:		
CARLOS GARCIA 30 at (at (7792479		
			Daytime Telephone		
Enclose	ed is a check for t	ne following amount:			
	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie		☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	og Address iling Section on of Corporations ox 6327 assee, FL 32314	i -	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Fallahassee, FL 3230	assee et, Suite 810



2821 JUH 30 AH 11: 47

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETALL OF STATE TALLAHASSEE, FL

'ARTICLE I - Name:
The name of the Limited Liability Company is:

GDC MIAMI 2 LLC (Must contain the word)	s "Limited Li	ability Con	npany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the	principal offi	ice of the L	imited Liability Company is:			
Principal Office Ad	dress:		Mailing Address:			
848 BRICKELL AVENUE. SUITE 625 MIAMI, FL 33131			848 BRICKELL AVENUE. SUITE 625 MIAMI, FL 33131			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florida.	e as its own R a registration.	Legistered A				
The name and the Florida street address of th	_					
CARLOS GARCIA PA Name						
· · · · · · · · · · · · · · · · · · ·						
500 SOUTH DIXIE HIGHWAY SUITE 202 Florida street address (P.O. Box NOT acceptable)						
CORAL C	,	FL	33146			
	City	State	Zip			
place designated in this certificate, I hereby acc	ept the appoi ll statutes rela ny position as	ntment as re ating to the registered	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S Signature (REQUIRED)			

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager <u>Juan Pablo Morales</u> MGR	2 GROVE ISLE # 604 MIAMI, FL 33133	
Santiago Morales NGR		200 EDD 200 B
	STATE	1 H - 11 UV
(If an effective date is listed, the date must be s the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmen	te of filing: OCIQUAL (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed a nt of State's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	1	
This document is exect I am aware that any fal	nember or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	
<u>CARLOS GAR</u>	Typed or printed name of signee	

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)