

L21000432755

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000371202 3)))



H210003712023ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
GPC 4635 Cason Cove Family Investment LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

2021 OCT 4 PM 4:22

FILED
2021 OCT -4 PM 4:22
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION
OF
GPC 4635 CASON COVE FAMILY INVESTMENT LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **GPC 4635 Cason Cove Family Investment LLC**

ARTICLE II: - Address

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

**2980 NE 207th Street
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:

**Corporate Creations Network Inc.
801 US Highway 1
North Palm Beach, Florida 33408**

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.

**CORPORATE CREATIONS NETWORK INC.,
as Registered Agent**



Name: Sean Amo

Title: Special Secretary

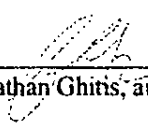
ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Leo Ghitis 2980 NE 207 th Street Suite 706 Aventura, Florida 33180
MGR	Jonathan Ghitis 2980 NE 207 th Street Suite 706 Aventura, Florida 33180

2021 OCT -4 PM 4:28
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on September 30th, 2021.



Jonathan Ghitis, 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 Section 817.155, Florida Statutes.)

Jonathan Ghitis
Typed or printed name of signee