for da Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: LAMADRID FINANCIAL SERVICES CORP Account Name

Account Number : 120200000059

Phone : (954)727-9771

Fax Number

: (954)727-9773

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

FLORIDA LIMITED LIABILITY CO. **GK ESTATES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
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Corporate Filing Menu

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COVER LETTER

	New Filing Section of Corp					
SUBJEC	GK ESTATE	S LLC				
502420		Name of	Limited Liabil	ty Сопрапу		
The encl	osed Articles of O	rganization and fee(s) are submitted	for filing.		
Please re	turn all correspon	dence concerning this	matter to the f	ollowing:		
	CESAR BATT	STA				
			Name of	Person	_	
	GK REALTY	LLC				
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			Addr	ess		
	CORAL SPRII	NGS, FL 33067				
	admin@indakar	llc.com	City/State and	d Zip Code		
	E-I	nail address: (to be us	sed for future a	nnual report notification	on)	
For further	information conc	erning this matter, ple	ease call:			
	CESAR BATIS	TA at	407	967-2231		
	Name o	of Person	Area Code	Daytime Telephone	Number	
Enclosed	is a check for the	following amount:			TALL A	22 00
□\$125,6		■\$130.00 Filing Fee Certificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclos	(d) <u>P</u>
· .	Division P.O. Box	ig Section of Corporations		Street Address New Filing Section Div The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee Signature Committee Suite 810 No. Committee	2: 35

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RI	CTO	\Box	LE	Ī	_ :	Na	ıme:

The name of the Limited Liability Company is:

GK ESTATES LLC

(Must contain 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:

Principal Office Address:

Mailing Address:

6182 W SAMPLE ROAD CORAL SPRINGS, FL 33067 6182 W SAMPLE ROAD CORAL SPRINGS, FL 33067

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:

The family of the first to some of the figure of the first of the first

LAMADRID FINANCIAL SERVICES CORP

Name

1265 S PINE ISLAND RD

Florida street address (P.O. Box NOT acceptable)

PLANTATION

FL

33324

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)

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