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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
special Instructions to	Filing Officer:	
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COVER LETTER

	lew Filing Sec Division of Co					
SUBJECT		GIO LLC				
SOBJEC	'' 	Nar	ne of Limite	d Liabilit	y Company	
The enclos	sed Articles of	Organization and	fee(s) are s	ubmitted (or filing.	
Please retu	ırn all corresp	ondence concernir	g this matte	r to the fo	llowing:	
	ALEX D. S	IRULNIK				
				Name of I	Person	
	ALEX D. S	IRULNIK, P.A.				
				Firm/Con	npany	
	2199 PONC	E DE LEON BOU	JLEVARD,	SUITE 3	01	
				Addre	SS	
	CORAL GA	ABLES, FL 33134				
	חופשפות	.NIKLAW.COM	City	/State and	Zip Code	
			be used for	r future ar	nual report notificati	on)
For further i	nformation co	ncerning this matt	er, please ca	all:		
	ALEX D. SI	RULNIK	305 at (,	443-7211	
	Nam	e of Person		Code	Daytime Telephone	e Number
Enclosed i	s a check for t	he following amou	int:			
■\$125.00) Filing Fee	□\$130.00 Filin Certificate of S	tatus	Certifie		☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		T 2	treet Address New Filing Section Di The Centre of Tallaha 415 N. Monroe Street Tallahassee, FL 3230	issee et, Suite 810

CAPITAL CONNECTION, INC.

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

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Certificate of Status					Photo Copy
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Walk-In Will Pick Up Courier			Time		UCC 11 Search
·	name	Date	rime		UCC II Retrieval
173 Private a Birth on a Thorn review GA ACC	Walk-In	•			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GARDEN GIO LLC			_	
(Must contain the words '	"Limited Liability Comp	any, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Lin	nited Liability Company is:		
Principal Office Add	ress:	Mailing Address:		
2199 PONCE DE LEON BOULEV	/ARD	2199 PONCE DE LEON BOULEVARD		
SUITE 301		SUITE 301	_	
CORAL GABLES, FL 33134 ARTICLE III. Registered Agent Registered		CORAL GABLES, FL 33134	_	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida r. The name and the Florida street address of the research.)	d Office, & Registered as its own Registered Age egistration.)	Agent's Signature:	AC:122	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida r. The name and the Florida street address of the research.)	d Office, & Registered Assists own Registered Agregistration.) registered agent are: IRULNIK, P.A.	Agent's Signature:	- 1 AC:122	12 10 00 00 00 00 00 00 00 00 00 00 00 00
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida r. The name and the Florida street address of the research.)	d Office, & Registered as its own Registered Age egistration.)	Agent's Signature:	- 1 AC:122	The state of the s
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ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida r. The name and the Florida street address of the another business entity with an active Florida r. The name and the Florida street address of the another business entity with an active Florida r. The name and the Florida street address of the another business entity with an active Florida r. The name and the Florida street address of the another business entity with an active Florida r.	d Office, & Registered Assists own Registered Agregistration.) registered agent are: IRULNIK, P.A. Name CE DE LEON BOULEV. et address (P.O. Box NO	Agent's Signature: ent. You must designate an individual or ARD, SUITE 301		The state of the s

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)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager FRALUCA LLC 2199 PONCE DE LEON BOULEVARD, SUITE 301 MGR___ CORAL GABLES, FL 33134 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ___ __. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

Typed or printed name of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)