Division of Corporations Electronic Filing Cover Sheet

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(((H22000423437 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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. GDFL JV CHAMPAGNE, LLC

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Certified Copy	1
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H22000423437 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: GDFL JV Champagne, 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: 5803 NW 151st Street 5803 **NW** 151st Street Suite 201 Suite 201 Miami Lakes, FL 33014-2473 Miami Lakes, FL 33014-2473 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: Capitol Corporate Services, Inc. Name 515 East Park Avenue 2nd FI Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32301 State Zip

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and to am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Sadi Boyette, Asst. Sec. on behalf of

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

Sadi Boyette, Asst. Sec. on behalf Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

H22000423437

<u>Title:</u>		Name and Address:
AMBR" =	Authorized Membe	r
'MGR" = N	anager	
MGR		DANNY KAWAS
		5803 NW 151st Street, Suite 201
		Miami Lakes, FL 33014-2473
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EV: Effectictive date is filing.)	we date, if other than listed, the date m	ust be specific and cannot be more than five business days prior to or 90
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