L23000364675

	(Requestor's Name)
	(Address)
<u> </u>	(Address)
I	(City/State/Zip/Phone #)
PICK-UP	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/20/2023 **WALK IN** ENTITY NAME GAV LLC DOCUMENT NUMBER **PLEASE FILE THE ATTACHED AND RETURN** XXXXXX Plain Copy Certified Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION** COUNTRY OF DESTINATION NUMBER OF CERTIFICATES REQUESTED_____ ACCOUNT #: 120160000072 TOTAL OWED \$125

-5, 8 FM

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2023

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SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: GAV LLC Ref. Number: W23000099596 CORRECTED Please Allow For Same File Date

We have received your document for GAV LLC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000229824.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 923A00016204

IS SUUL JUNIO 2023 NUC - 3 PH 1: 50 RECEIVED www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: New Filing Section Division of Corporations

GVAFL LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER C. GARDNER

Name of Person

Firm/Company

3162 COMMODORE PLAZA SUITE 2C

Address

COCONUT GROVE, FL 33133

City/State and Zip Code

gardner@sabalhill.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

CJ\$130.00 Filing Fee & Certificate of Status

Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

. :

The name of the Limited Liability Company is:

GVAFL 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:

3162 COMMODORE PLAZA SUITE 2C COCONUT GROVE FL 33133 3162 COMMODORE PLAZA SUITE 2C COCONUT GROVE FL 33133

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:

NRAI SERVICES IN	:С.	
	Name	
1200 SOUTH PINE	ISLAND ROAD	
Florida street address	s (P.O. Box <u>NOT</u> as	cceptable)
PLANTATION	F1	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.

aul Natalie Leiba-Paul, assistant secretary Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 h: H: Hd

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	PETER C. GARNER 3162 COMMODORE PLAZA SUITE 2C COCONUT GROVE FL 33133

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of tiling: _______. (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.)

<u>Note:</u> 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.

<u>REOUIRED</u> SIGNATURE:	Petr (Ch
This document is execut I am aware that any false	ember or an authorized representative of a member. ited in accordance with section 605.0203 (1) (b), Florida Statu e information submitted in a document to the Department of S e felony as provided for in s.817.155, F.S.
PETER GARDN	ER
	Typed or printed name of signee
	Filing Fees:
S125.00 Filing Fee for Articles of Org	ganization and Designation of Registered Agent
§ 30.00 Certified Copy (Optional)	
S 5.00 Certificate of Status (Option	

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