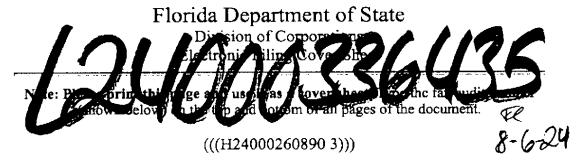
Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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 TLC FT. LAUDERDALE, LLC

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## ARTHURS CHORGANIZATION FOR RECREDAT INSTITUTE LARIE YEV COMPANY

ARTICLES OF	ORGANIZATION FOR FI	ORIDA LIM	HIED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		
	GDFL JV TLC	Ft. Laud	erdale, LLC
(Must conti	un the words "Limited Li	ability Comp	eny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	Idress of the principal offi	ice of the Lir	nited Liability Company ls:
Principa	l Office Address:		Mailing Address:
703 NW 62nd Av	/e, Ste 490	70	3 NW 62nd Ave, Ste 490
Miami, FL 33126	i	 Mi	ami, FL 33126
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannol serve as its own R	egistered Ag	Agent's Signature: ent. You must designate an individual or
The name and the Florida street a	iddress of the registered a	gent arc:	
	Capitol Corporat	e Service	es, Inc.
	1	Name	
	515 East Park A	venue 2n	d Fl
	Florida street address (	P.O. Box No	OT acceptable)
	Tallahassee FL	32301	
	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..

Sadi Boyette, Asst. Secretary on Sadi Boyette behalf of Capitol Corporate Services, Inc. Register (Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = Autho "MGR" = Manage	
MGR	Danny Kawas 703 NW 62nd Ave, Ste 490, Miami, FL 3312
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