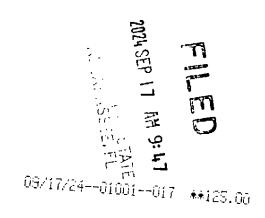
L240W 407813

| (Requestor's Name) | |
|---|--|
| (Address) | |
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| (Address) | |
| , , | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer. | |
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Office Use Only



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FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

GDC 67 GLEN ROYAL LLC

PLEASE RETURN A STAMPED COPY

CHECK: #9935 AMOUNT: \$125.00

THANK YOU!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GDC 67 Glen Royal 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:

| Princi | pal | Office | Add | ress: |
|--------|-----|--------|-----|-------|
|--------|-----|--------|-----|-------|

Mailing Address:

| 1200 Brickell Avenue | 1200 Brickell Avenue |
|----------------------|----------------------|
| Suite 500 | Suite 500 |
| Miami, FL 33131 | Miami, FL 33131 |

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:

| Carlos Garcia P.A | | |
|-----------------------|----------------------------|------------|
| | Name | |
| 500 South Dixie Hw | ry. Suite 202 | |
| Florida street addres | ss (P.O. Box <u>NOT</u> ac | cceptable) |
| Coral Gables | FL | 33146 |
| City | State | Zip |

Having been named as registered agent and to accept service of process for the above stated limited liability company q_i , 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)

| RT | IC. | I 1 | IV. |
|--------|-----|-----|-----|

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

| Title: | | Name and Address: | | |
|---|--|---|-----------------|---------|
| | thorized Member | | | |
| "MGR" = Man | ager | | | |
| <u>MGR</u> | | Santiago Morales Broc | _ | |
| | | 2 Grove Isle Dr. #604 | _ | |
| | | Miami, FL 33133 | | |
| | | | | |
| <u>MGR</u> | | Juan Pablo Morales Broc 2 Grove Isle DR, #604 | _ | |
| | | Miami, FL 33133 | | |
| | | William Co. | _ | |
| MGR | | Alejandro Aguilar Algara | | |
| <u> </u> | | 1200 Brickell Avenue. Suite 500 | _ | |
| | | Miami, FL 33131 | _ | |
| | | | | |
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| | | | - ~ | |
| | | : | 2024 SEP | |
| (Use attachmer | nt if necessary) | | (<u>/</u> | · Early |
| | • • | <u>:</u> | 1 ⁺¹ | ij |
| ARTICLE V: Effective | date, if other than the date of | f filing: 09/12/2024 (OPTIONAL) | | Costs: |
| | sted, the date must be spec | ific and cannot be more than five business days prior to or | 10 dayts aft | er [] |
| the date of filing.) | | $\frac{\Omega}{\Omega_{n}}$ | .Œı. | . : |
| | | tet the applicable statutory filing requirements, this date; will.n | | រ ឧទ្ធ |
| the document's effective | e date on the Department of | State's records. | ထ္ | 67 |
| ARTICLE VI: Other pro | vuicione if any | | | |
| | ivisions, it any. | <u> </u> | <u> </u> | |
| | | | | |
| **, | | | _ | |
| REQUIRED S | SIGNATURE: | | | |
| 111111111111111111111111111111111111111 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | _ | |
| | Signature of a mon | iber or an authorized representative of a member. | | |
| | This document is executed | d in accordance with section 605,0203 (1) (b), Florida Statutes information submitted in a document to the Department of Stat |). | |
| | on aware mat any taise i constitutes a third degree f | formation submarted in a document to the Department of Statificiary as provided for in s.817.155, F.S. | | |
| | | | | |
| | CARLOS GARCIA | | | |
| | | 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)