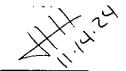
Florida Department of State



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC:

Account Number : 120160000017

Phone

: (855)498-5500

: (800)432-3622 Fax Number

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. GD FL CHAMPAGNE, PLLC

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Page Count	04
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SUBJECT: GD FL Champagne, PLLC		77	,		
Name of Limited Liability Comp	oarry				
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The enclosed Articles of Organization and fee(s) are submitted for filing	g.				
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HARD RIGHT IN SARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

H24000377618

GD FL Champagne, PLLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: Mailing Address: 703 NW 62nd Avenue 703 NW 62nd Avenue Suite 490 Suite 490 Miami, Fl 33126 Miami, FI 33126

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Hability 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 Fl

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

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.

Janine Bequette, Asst. Sec. on behalf of

Registered Appart's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-			-	· -	
The name and address of each person author	ized to manage and contr	ol the Lin	nited Li	ability Company:	
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Filing Fees:

Typed or printed name of signee

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)

ICLE I Shi 5.00 Certificate of Status (Optional)

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