5/30/25, 12:15 PM

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000195319 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 : (305)444-4994 : (305)328-4774 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

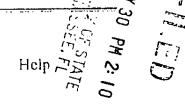
- 11	Address:			

FLORIDA LIMITED LIABILITY CO. GJL HOSP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF	ORGANIZATION FO	OR FLORUDA LIM	TTED LIABILTI	Y COMPANY	
ARTICLE I - Name: The name of the Limited Liability	Company is:	·			
GJL HOSP LLC (Must conta	in the words "Limite	ed Liability Comp	ouny, "L.L.C.,"	or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principa	d office of the Lir	mited Liability	Company is:	
Principa	Office Address:			Mailing Address:	
12857 SW 60TH ST	REET		SAME		
MIAMI, FL 33183	<u> </u>				
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	annot serve as its o	wn Registered Ag	Agent's Signa gent. You must	iture: designate an individual or	
The name and the Florida street ac	ldress of the registe	red agent are:			
GIANCARLO MANUEL SUAREZ					
		Name			
•	12857 SW 60	·			
Florida street address (P.O. Box NOT acceptable)					
	MIAMI	FL	33	183	

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..

State

Zip

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager _AMBR	GIANCARLO MANUEL SUAREZ 12857 SW 60TH STREET MIAMI, FL 33183
·	
	
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spetthe date of filing.)	of filing: (OPTIONAL) ceffic and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

GIANCARLO MANUEL SUAREZ
Typed or printed name of signee

