

Document Number Only

*L95000000841*

FILED  
NOV-2 AM 10:45

C T CORPORATION SYSTEM  
Requestor's Name  
660 East Jefferson Street  
Address  
Tallahassee, Florida 32301  
City State Zip Phone  
904-222-1092  
CORPORATION(S) NAME

200001631082  
-11/07/95--01076--008  
\*\*\*\*210.00 \*\*\*\*105.00

200001631082  
-11/07/95--01076--009  
\*\*\*\*285.00 \*\*\*\*285.00

*GANI Cypress Creek, LLC*

RECEIVED  
NOV-2 PM 4:05

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                               | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                            | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Foreign                              | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of N.A.     |
| <input type="checkbox"/> Limited Partnership                  | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Reinstatement                        | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> CUB/ G/B           |
| <input checked="" type="checkbox"/> Certified Copy            | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input type="checkbox"/> Call When Ready                      | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Walk In                              |   |   |
| <input type="checkbox"/> Mail Out                             |   |   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

4:30  
11-2-95  
CALL Melanie  
if money is wrong

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED \$280.00  
FILING  
R. AGENT 35.00  
2 C. COPY \$105.00  
TOTAL \$390.00  
N. BANK  
BALANCE DUE  
REFUND

CH2E031 (1-89)

D. BROWN NOV - 3 1995

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

GAMI Cypress Creek, LLC

**ARTICLE II - Address**

The mailing address and, if different, the street address of the principal office of the Limited Liability Company is/are:

22 Brent Road  
Lexington, MA 02173

**ARTICLE III - Duration**

The period of duration for the Limited Liability Company shall be:

30 years

**ARTICLE IV - Management**

*(check and complete the appropriate statement)*

/ / The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(s) of such manager(s) who is/are to serve as manager(s) is/are:

/X/ The Limited Liability Company is to be managed by the members and the names(s) and address(es) of the managing member(s) is/are:

GAMI Properties Florida, Inc.  
22 Brent Road  
Lexington, MA 02173

**ARTICLE V - Registered Agent**

The name and street address of the initial registered agent of the Limited Liability Company is:

**C T CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, Florida 33324**

**ARTICLE VI - Registered Office**

The street address of the initial registered office of the Limited Liability Company is:

**c/o C T CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, Florida 33324**

**\*ARTICLE VII - Admission of Additional Members**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

**\*ARTICLE VIII - Members' Rights to Continue Business**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of  
GAMI Cypress Creek, LLC deposes and says:

- 1) the above named limited liability company has at least two members.
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 1,000. This total includes amounts from 2 and 3 above.

GAMI Properties Florida, Inc.

By: *Jinesh Patel*, its President

Signature of a member or authorized representative of a member.  
(In accordance with section 608.402(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

*Jinesh Patel, Pres.*

FILING FEE: \$250 for Articles of Organization and Affidavit

## REGISTERED AGENT ACCEPTANCE

Having been named as registered agent to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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.

### C T CORPORATION SYSTEM

By



(Signature)

(Date)

EDWARD GWISDALLA  
Assistant Vice President

(Type Name of Officer)

(Title of Officer)

\*(Optional)

FILED  
JAN 10 1991  
TALLAHASSEE, FLORIDA

**2nd NOTICE:**

Limited Liability Company Will Be Dissolved On Or  
After August 21, 1996. If Dissolved, Minimum Amount  
Due To Reinstatement: \$730.75

APPROVED  
AND  
FILED

96 SEP 18 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILING FEE  
\$ 263.75

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

DOCUMENT # L95000000841

GAMI CYPRESS CREEK, LLC  
22 Brent Road  
Lexington, MA 02173

1a. Principal Place of Business Address

Cypress Creek Inn  
4900 Powerline Road  
Ft. Lauderdale, FL 33309

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified  
11/02/1995

3a. State of Formation  
FL

4. FEI Number

65-0628186

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, FL 33324

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company has authorized its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM

GAMI PROPERTIES FLORIDA

22 Brent Road

Lexington, MA 02173

600001952896  
-09/20/96--01059--002  
\*\*\*\*\*263.75 \*\*\*\*\*263.75

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR MANAGER

9/16/96

(954) 776-4880