

Document Number Only

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TALLAHASSEE-FLORIDA

CT CORPORATION SYSTEM

Requestor's Name

660 EAST JEFFERSON STREET

Address

TALLAHASSEE FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

100001631081

-11/07/95--01076--007

***285.00 ***285.00

100001631081

-11/07/95--01076--008

***210.00 ***105.00

GAMI Golden Glades, LLC

☐ Profit

☐ NonProfit

☒ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☐ Fictitious name Filing

☒ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

4:30

11-2-95

Call Melanie
if many is wrong

PLEASE RETURN EXTRA COPIES

FILE STAMPED
FILING \$250.00

R. AGENT 35.00

C. COPY 105.00

TOTAL \$390.00

N. BANK

BALANCE DUE

REFUND

CR2E031 (1-89)

BROWN NOV - 3 1995

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

ARTICLE I - Name

The name of the Limited Liability Company is:

GAMI Golden Glades, 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 Golden Glades, 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: Dinesh 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.)

Dinesh Patel, Pres.

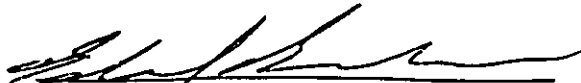
FILING FEE: \$250 for Articles of Organization and Affidavit

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)

Nov 1, 1995
(Date)

EDWARD GWISDALLA
Assistant Vice President

(Type Name of Officer)

(Title of Officer)

*(Optional)

RECEIVED
NOV 2 11:19:53
TALLAHASSEE, FLORIDA

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 21, 1996, If Dissolved, Minimum Amount Due To Reinstate: \$738.75

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. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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1. Name and Mailing Address of Limited Liability Company GAMI GOLDEN GLADES, LLC 22 Brent Road Lexington, MA 02173	DOCUMENT # L95000000842
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1a. Principal Place of Business Address Holiday Inn Golden Glades 148 Northwest 167th Street Miami, FL 33169

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

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 11/02/1995	3a. State of Formation FL	4. FEI Number 65-0621883 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> <small>SP-10-A SET BY THE REGISTRAR</small>
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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 FL Zip Code
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Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing 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 reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GAMI PROPERTIES FLORIDA	22 Brent Road	Lexington, MA 02173 200001952892 -09/20/96--01059--001 ****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]* 9/16/96 (954) 776-4880
DATE AND TYPED OR PRINTED NAME OF SIGNING MEMBER OR MANAGER Daytime Phone #