

L25000065726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

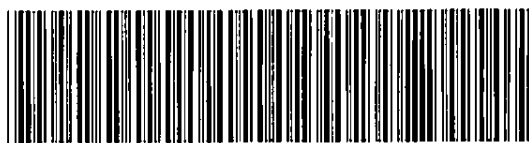
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
2025 FEB 14 PM 3:30
FEB 14 2025

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GANOR HOUSE LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley

_____	Art of Inc. File _____	_____
_____	LTD Partnership File _____	_____
_____	Foreign Corp. File _____	_____
<input checked="" type="checkbox"/>	L.C. File _____	_____
_____	Fictitious Name File _____	_____
_____	Trade/Service Mark _____	_____
_____	Merger File _____	_____
_____	Art. of Amend. File _____	_____
_____	RA Resignation _____	_____
_____	Dissolution / Withdrawal _____	_____
_____	Annual Report / Reinstatement _____	_____
_____	Cert. Copy _____	_____
<input checked="" type="checkbox"/>	Photo Copy _____	_____
_____	Certificate of Good Standing _____	_____
_____	Certificate of Status _____	_____
_____	Certificate of Fictitious Name _____	_____
_____	Corp Record Search _____	_____
_____	Officer Search _____	_____
_____	Fictitious Search _____	_____
_____	Fictitious Owner Search _____	_____
_____	Vehicle Search _____	_____
_____	Driving Record _____	_____
_____	UCC 1 or 3 File _____	_____
_____	UCC 11 Search _____	_____
_____	UCC 11 Retrieval _____	_____
_____	Courier _____	_____

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GANOR HOUSE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX D. SIRULNIK

Name of Person

ALEX D. SIRULNIK, P.A.

Firm/Company

2199 PONCE DE LEON BOULEVARD, SUITE 301

Address

CORAL GABLES, FL 33134

City/State and Zip Code

DJS@SIRULNIKLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX D. SIRULNIK 305 443-7211
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GANOR HOUSE 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:

Principal Office Address:

2275 BISCAYNE BOULEVARD
SUITE 2
MIAMI, FL 33137

Mailing Address:

2275 BISCAYNE BOULEVARD
SUITE 2
MIAMI, FL 33137

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:

ALEX D. SIRULNIK, P.A.

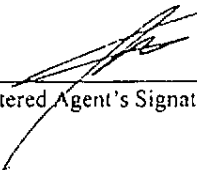
Name

2199 PONCE DE LEON BOULEVARD, SUITE 301

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

<u>CORAL GABLES</u>	<u>FL</u>	<u>33134</u>
City	State	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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

GABRIELA BOZINOVIC
2275 BISCAYNE BOULEVARD, SUITE 2
MIAMI, FL 33137

(Use attachment if necessary)

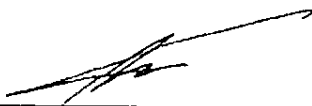
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Alex D. Sirwinik Authorized Representative
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)