

L20000266638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

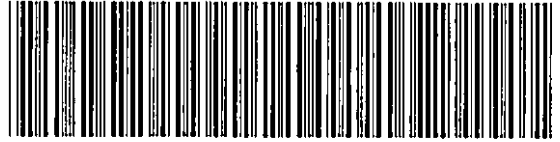
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SEP 4 2020  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

SEP 4 2020

**CORPORATE  
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**WALK IN**

**PICK UP:** 09/03/2020

- CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- xx** **FILING** LLC \_\_\_\_\_

1. GSWM, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARTICLES OF ORGANIZATION  
FOR  
GSWM, LLC  
FLORIDA LIMITED LIABILITY COMPANY

FILED

2020 SEP -3 PM 2: 24  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I - NAME:**

The name of the Limited Liability Company is: GSWM, LLC

**ARTICLE II - ADDRESS:**

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

PRINCIPAL OFFICE ADDRESS:

2390 Tamiami Trail North, Suite #204  
Naples, Florida 34103

MAILING ADDRESS:

2390 Tamiami Trail North, Suite #204  
Naples, Florida 34103

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

The Name and the Florida street address of the registered agent are:

Charles M. Kelly, Jr.

Name

2390 Tamiami Trail North, Suite #204

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

Naples, Florida 34103

City, State, and 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

**ARTICLE IV - MANAGER(S) OF MANAGING MEMBER(S):**

The name and address of each Manager or Managing Member is as follows:

TITLE:

"MGR" - Manager

"MGRM" = Managing Member

NAME AND ADDRESS:

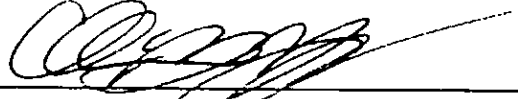
WILLIAM MCCAIN (MGRM)  
11850 VIA NOVELLI COURT  
MIROMAR LAKES, FLORIDA 33913

(USE ATTACHMENT IF NECESSARY)

**ARTICLE V - EFFECTIVE DATE**

THE EFFECTIVE DATE OF GSWM, LLC IS SEPTEMBER 3, 2020.

**REQUIRED SIGNATURE:**



SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.  
(IN ACCORDANCE WITH §605.0203(1)(B), FLORIDA STATUTES, THE EXECUTION  
OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER THE PENALTIES OF  
PERJURY THAT THE FACTS STATED HEREIN ARE TRUE. I AM AWARE THAT ANY FALSE  
INFORMATION SUBMITTED IN A DOCUMENT TO THE DEPARTMENT OF STATE  
CONSTITUTES A THIRD DEGREE FELONY AS PROVIDED IN §817.155, F.S.)

CHARLES M. KELLY, JR

**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)**

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TALLAHASSEE, FL

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