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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Account Number : I19990000006  
Phone : (407)425-7010  
Fax Number : (407)425-2747

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 JUN 16 PM 4: 16

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

Email Address: corporate@zkslawfirm.com

FLORIDA LIMITED LIABILITY CO.  
GMF GROUP FL PORTFOLIO II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2021 JUN 16 PM 4: 27

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: GMF GROUP FL PORTFOLIO II, 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:

D. SCOTT BAKER, ESQUIRE  
Name of Person  
ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Firm/Company  
315 E. ROBINSON STREET, SUITE 600  
Address  
ORLANDO, FLORIDA 32801  
City/State and Zip Code  
GABE@GMFGRP.COM  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

D. SCOTT BAKER                      407                      425-7010  
Name of Person                      at (                      )                      Daytime Telephone Number

Enclosed is a check for the following amount.

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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.

GMF GROUP FL PORTFOLIO II, 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:

315 E. ROBINSON STREET, STE 600  
ORLANDO, FL 32801

Mailing Address:

315 E. ROBINSON STREET, STE 600  
ORLANDO, FL 32801

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.

D. SCOTT BAKER, ESQUIRE  
Name

315 E. ROBINSON STREET, SUITE 600  
Florida street address (P.O. Box NOT acceptable)

ORLANDO                      FLORIDA                      32801  
City                              State                              Zip

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*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..*

*D. Scott Baker*

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:**

**Name and Address:**

"AMBR" - Authorized Member

"MGR" - Manager

MGR

GMF GROUP FUND I, LLC  
315 E ROBINSON STREET, SUITE 600  
ORLANDO, FLORIDA 32801

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(Use attachment if necessary)

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

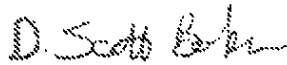
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

**D. SCOTT BAKER, ESQUIRE**

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)