

L22000177791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

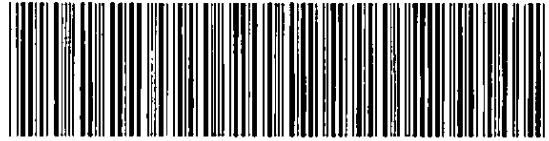
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 APR 29 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$125.00

AUTHORIZATION SIGNATURE: _____

GIS Executive Benefits, LLC

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy (please stamp each page)

___ Certificate of Status

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NEW FILINGS

___ Profit

___ Not for Profit

___ X Limited Liability

___ Domestication

___ Other

___ CORP

AMMENDMENTS

___ Amendment

___ Resignation of R.A., Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____

Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: GIS Executive Benefits, 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:

Andrew Gaunce

Name of Person

Gaunce Law PLLC

Firm/Company

2525 1st Ave S

Address

St Petersburg, FL 33712

City/State and Zip Code

andy@gauncelaw.com

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

For further information concerning this matter, please call:

Andy Gaunce 727 614-0550

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
OF
GIS EXECUTIVE BENEFITS, LLC**

1. The name of the limited liability company is GIS Executive Benefits, LLC (the "Company").

2. The Company's principal address is:

9500 KOGER BLVD
SUITE 200
ST PETERSBURG, FL 33702

3. The Company's mailing address is:

9500 KOGER BLVD
SUITE 200
ST PETERSBURG, FL 33702

4. The Company hereby appoints Gaunce Law PLLC as its Registered Agent, with a registered address of:

2525 1ST AVE S
ST PETERSBURG, FL 33712

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.



Andrew Gaunce, for Gaunce Law PLLC

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5. The Company's members are :

Patrick Kirchner

Mark Metille

Mark Peter Gustin

David Hibler

6. 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.



Andrew Gaunce, Authorized Representative

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