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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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

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

Email Address: matthew.mesmer@onearchwell.com

FLORIDA LIMITED LIABILITY CO.  
G&M - Chews, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

G&M - Chews, 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:

Mailing Address:

2950 W. Cypress Creek Rd., Ste. 302,  
Ft. Lauderdale, FL 33309

2950 W. Cypress Creek Rd., Ste. 302  
Ft. Lauderdale, FL 33309

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:

C T Corporation System  
Name

1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)

Plantation Florida 33324  
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.*

C T Corporation System  
By: Christine Keim  
Registered Agent's Signature (REQUIRED)

**Christine Keim**  
**Assistant Secretary**

(CONTINUED)

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**ARTICLE IV-**

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

Title:	Name and Address:
"AMBR" Authorized Member "MGR" Manager	M&G – PropCo, LLC 2950 W. Cypress Creek Rd., Ste. 302 Ft. Lauderdale, FL 33309
<u>MGR</u>	G and M Investments, LLC 820 E. Gate Dr., Ste. 1 Mt. Laurel, NJ 08054
<u>AMBR</u>	
<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>

(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 605.0202 (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.

Matthew J. Mesmer  
 Typed or printed name of signer

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 MICHIGAN SECRETARY OF STATE  
 1111 STATE ST. LANSING MI 48226  
 (313) 237-3800

**Filing Fees:**  
 \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
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