

L9500000815

Law Mayer via Hot Key
Requestor's Name

1100 Cleveland St Suite 1614
Address

Clewiston FL 34615
City/State/Zip Phone #

FILED
95 OCT 26 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. ~~XXXXXXXXXX~~ G.F.Q. L.C. (Corporation Name) (Document #) 700001626027
-11/02/95--01027--014
****285.00 ****285.00
- 2. _____ (Corporation Name) (Document #)
- 3. _____ (Corporation Name) (Document #)
- 4. _____ (Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Certified Copy
- Certificate of Status
- Photocopy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/RENEWAL/OBLIGATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

D. BROWN OCT 26 1995

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

ARTICLES I - Name:

The name of the Limited Liability Company is:

GEQ, L.C.

ARTICLES II - Address:

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

11512 E Highway 316
Ft. McCoy FL 32134

ARTICLES III - Duration:

The period of duration for the Limited Liability Company shall be:

Thirty years

ARTICLES IV - Management:
(check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the names(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

George Graves

11512 E. Hwy 316

Ft. McCoy FL 32134

The Limited Liability Company is to be managed by the members and the names(s) and address(es) of the managing member(s) is/are:

ARTICLES V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

The remaining members have the right to admit additional member with the unanimous vote of the remaining members.

ARTICLE VI-Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

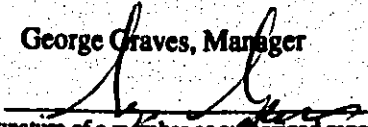
The undersigned member or authorized representative of a member of

GEQ, L.C.

deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 200.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00 . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 200.00 . This total includes amounts from 2 and 3 above.

George Graves, Manager


Signature of a member or authorized representative of a member.
(In accordance with section 608.404(3) Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILING FEE: \$250 for Articles of Organization and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGIS-
TERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is:

GEQ, L.C.

2. The name and address of the registered agent and office is :

George Graves

Name

11512 E. Hwy 316

(P.O. Box not acceptable)

Ft. McCoy FL 32134

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.

George Graves


(Signature)

10/23/95
(Date)

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95 OCT 26 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

96 APR 17 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$ 238.75 Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000815
 GEQ, L.C.
 11512 E CTY. RD. 316
 FT. MCCOY FL 32134

1a. Principal Place of Business Address
 11512 E CTY. RD. 316
 FT. MCCOY FL 32134

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business

2a. Mailing Address
 GEQ, L.C.
 Suite, Apt. #, etc.
 P.O. Box 2220
 City & State
 Ft. McCoy, Fl.
 Zip Country
 32134-2220 USA

3. Date Organized or Qualified 10/26/1995
 3a. State of Formation FL
 4. FEI Number 59-3357443
 Applied For
 Not Applicable
 5. Date of Last Report
 6. Certificate of Status Desired

7. Name and Address of Current Registered Agent
 GRAVES, GEORGE
 11512 E HIGHWAY 316
 FT. MCCOY FL 32134

8. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, etc. 60000173078E
 -04/23/96--01103--004
 City Zip Code ***200.75
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE: _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GRAVES, GEORGE	11512 E CTY. RD. 316	FT. MCCOY FL

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: George Graves  2/12/96 352-236-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

aw