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COVER LETTER

	Registration Section Division of Corporations
SUBJEC'	GAF ORLANDO, LLC
SOBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Eugene D. Farmer
	Name of Person
	GAF ORLANDO, LLC
	Firm/Company
	12801 Southwest 74 Court
	Address
	Miami, Florida
	City/State and Zip Code
	gafncar@gmail.com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Gene Farmer 305 342-3042 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 F	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional cop

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabi		
	lity Company is:	
GAF ORLANDO, (Must en		d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limited Liability Company is:
<u>Princi</u>	ipal Office Address:	Mailing Address:
12801 Southwest 7	4 Court	12801 Southwest 74 Court
Miami, Florida 33		Miami, Florida 33156
		
another business entity with ar The name and the Florida stree	J	,
		Name
		Name
	12801 Southwest 74	Court
		Court
	Florida street addres	Court ss (P.O. Box NOT acceptable)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	<u> </u>
"MGR" = Manager	
AMBR	EUGENE D. FARMER
	12801 SOUTHWEST 74 COURT
	MIAMI, FLORIDA 33156
AMBR	AUDREY A. FARMER
	12801 SOUTHWEST 74 COURT
	MIAMI, FLORIDA 33156
	····
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of filing	: (OPTIONAL)
effective date is listed, the date must be specific an	d cannot be more than five business days prior to or 90 days after
e of filing.)	
	applicable statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State'	's records.
CLE VI: Other provisions, if any.	

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.

GENE FARMER

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)