

L16020197515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

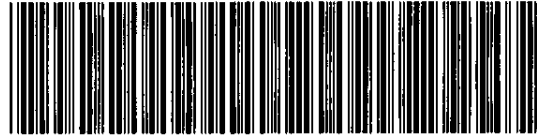
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800291657528

STATE OF FLORIDA

16 OCT 28 AM 10:54

RECEIVED

800291657528  
10/28/16--01005--017 \*130.00

RECEIVED  
DEPARTMENT OF STATE  
16 OCT 28 PM 12:16

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 73 G.E.M.S. 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:

EDDIE GRANDBERRY and DAVID MCCLENDON  
Name of Person

\_\_\_\_\_  
Firm/Company

720 LINCOLN DRIVE  
Address

CHATTAHOOCHEE, FL 32324  
City/State and Zip Code

73gems@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDDIE 850 228 9865  
DAVID at ( 850 ) 509 1570  
Name of Person Area Code 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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

73 GEMS. LLC

(Must end with 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:

3694 Tallavana Trl  
Havana, FL 32333

Mailing Address:

3694 Tallavana Trl  
Havana FL 32333

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:

GRETCHEN MOYA

Name

3694 Tallavana Trl

Florida street address (P.O. Box NOT acceptable)

Havana FL 32333

City

State

Zip

SEARCHED  
INDEXED  
SERIALIZED  
FILED  
FEB 16 2011  
TALLAHASSEE  
FLORIDA

16 OCT 28 AM 10:55

ARTICLE III

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..

*Gretchen Moya*

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:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

DAVID MCCLENDON (MGR)

70 Lobby Cir  
Midway FL 32343

EDDIE GRANDBERRY JR. (MGR)

3694 Tallavana Trail  
Havana FL 32333

ANIKA MCCLENDON (AMBR)

70 Lobby Cir  
Midway FL 32343

GRETCHEN MOYA (AMBR)

3694 Tallavana Trail  
Havana FL 32333

(Use attachment if necessary)

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

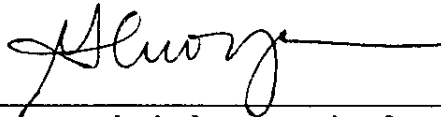
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

GRETCHEN MOYA

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)