

L20000266638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

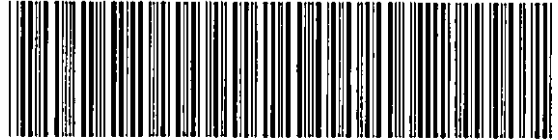
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FL

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SEP 4 2020

**CORPORATE
ACCESS,
INC.**

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PICK UP: 09/03/2020

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** LLC _____

1. **GSWM, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF ORGANIZATION
FOR
GSWM, LLC
FLORIDA LIMITED LIABILITY COMPANY

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - NAME:

The name of the Limited Liability Company is: GSWM, LLC

ARTICLE II - ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

2390 Tamiami Trail North, Suite #204
Naples, Florida 34103

MAILING ADDRESS:

2390 Tamiami Trail North, Suite #204
Naples, Florida 34103

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The Name and the Florida street address of the registered agent are:

Charles M. Kelly, Jr.

Name

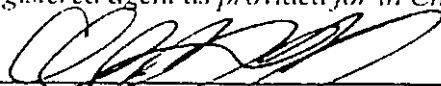
2390 Tamiami Trail North, Suite #204

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

Naples, Florida 34103

City, State, and 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.



Registered Agent's Signature

ARTICLE IV - MANAGER(S) OF MANAGING MEMBER(S):

The name and address of each Manager or Managing Member is as follows:

TITLE:

"MGR" - Manager

"MGRM" = Managing Member

NAME AND ADDRESS:

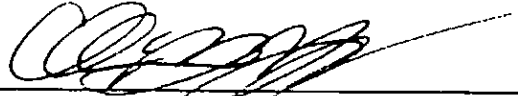
WILLIAM MCCAIN (MGRM)
11850 VIA NOVELLI COURT
MIROMAR LAKES, FLORIDA 33913

(USE ATTACHMENT IF NECESSARY)

ARTICLE V - EFFECTIVE DATE

THE EFFECTIVE DATE OF GSWM, LLC IS SEPTEMBER 3, 2020.

REQUIRED SIGNATURE:



SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.
(IN ACCORDANCE WITH §605.0203(1)(B), FLORIDA STATUTES, THE EXECUTION
OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER THE PENALTIES OF
PERJURY THAT THE FACTS STATED HEREIN ARE TRUE. I AM AWARE THAT ANY FALSE
INFORMATION SUBMITTED IN A DOCUMENT TO THE DEPARTMENT OF STATE
CONSTITUTES A THIRD DEGREE FELONY AS PROVIDED IN §817.155, F.S.)

CHARLES M. KELLY, JR

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)

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