

L02000024163

Requester's Name _____
Address _____
City/State/Zip _____ Phone # _____

Miller and Associates, Inc
Tax, Estate and Financial Planning Consultants
Park North
5125 Castello Drive
Naples, Florida 34108

Office Use Only
MEMBER(S), (if known): _____

(Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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-09/05/02--01045--015
****125.00 ****125.00

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

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
SEP 16 AM 9:18
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

BK

Examiner's Initials _____



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 6, 2002

MILLER AND ASSOCIATES, INC.
PARK NORTH
5125 CASTELLO DRIVE
NAPLES, FL 34103

SUBJECT: L&M PARTNERSHIP, LLC
Ref. Number: W02000025846

FILED
02 SEP 16 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for L&M PARTNERSHIP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

Your including the word "PARTNERSHIP" in the name of your company creates an impression that the entity is some kind of partnership.

Please choose another name that doesn't include misleading words like "PARTNERSHIP" or "CORPORATION".,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 702A00051422

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

L&M GBC, LLC

ARTICLE II - Address:

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

5125 Castello Dr., NAPLES, FL, 34103

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JOE MILLER

Name

5125 Castello Dr.

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

NAPLES, FL 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 608, F.S.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

[Signature]
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STEVE LOVELESS

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
SEP 16 AM 9:18
STATE OF FLORIDA
TALLAHASSEE, FLORIDA