

LD30000019270

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000203390 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 203-0383

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

LIMITED LIABILITY COMPANY

GS PARTNERS LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

03 MAY 29 AM 11:16 RECEIVED
SECRETARY OF STATE
MAIL ROOM
DIVISION OF CORPORATION
03 MAY 29 AM 11:01

APPROVED
AND
FILED

2902

(((H03000203390 7)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
GS PARTNERS LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
177 Laurel Lane, Ponte Vedra Beach, FL 32082

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

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

Gary Vespla

Name

177 Laurel Lane

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

Ponte Vedra Beach

FL 32082

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.

Gary Vespla

Registered Agent's Signature

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

Gary Vespla

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

(In accordance with section 608.408(5), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gary Vespla

Typed or printed name of signer

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)

(((H03000203390 7)))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAY 29 AM 11:16

APPROVED
AND
FILED