

1030000 22282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

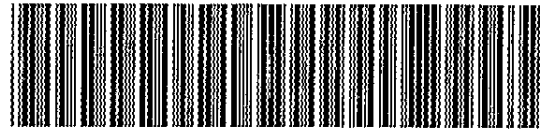
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUN 16 PM 12:08

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**FILED**

03 JUN 16 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 10, 2003

Florida Department of State  
Registration Section  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please process the attached paperwork to establish our LLC under the name of GECS of Florida, LLC.

If you have any questions, please call 407-740-0596 or cellular phone number 407-529-7811. The fee amount has been included along with the cost for a certified copy. The total amount included is \$130.00

Sincerely,



Gregory L Mizell  
GECS of Florida, LLC  
President  
P O Box 940924  
Maitland, FL 32794-0924

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GECS of Florida LLC

## ARTICLE II - Address:

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

mailing: P O Box 940924

Maitland FL 32794 - 940924

160 Softwind Trail

Maitland FL 32751

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

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

Gregory L. Mizell

Name

160 Softwind Trail

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

Maitland FL 32751

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

Gregory L. Mizell

Registered Agent's Signature

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

Carl Mizell

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.)

Earlene Mizell

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)