

L040000009801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

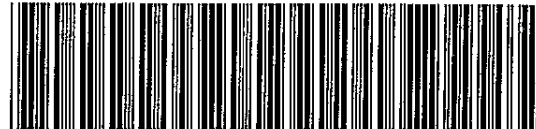
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name	
Availability	
Document	
Examiner	UCC
Updater	UCC
Updater	
Verifier	C
Acknowledgement	UCC
W. P. Verifier	UCC



500027541535

01/26/04--01076--017 **125.00

04 JAN 26 PM 2:16

FILED
SECRETARY OF STATE
CLERK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GCM PARTNER, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD T. MURPHY

**GCM PARTNERS, LLC
211 EAST MAIN STREET
SUITE 180
LAKELAND, FLORIDA 33801**

For further information concerning this matter, please call:

RONALD T. MURPHY at (863) 688-4500, EXT. 111

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
04 JAN 26 PM 2:16

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: GCM PARTNERS, LLC

ARTICLE II - Address:

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

Principal Office Address:

211 EAST MAIN STREET
SUITE 180
LAKELAND, FLORIDA 33801

Mailing Address:

211 EAST MAIN STREET
SUITE 180
LAKELAND, FLORIDA 33801

04 JAN 25 PM 2:16

FILED
SECRETARY OF STATE
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA


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

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

J. WESLEY COMPTON

211 EAST MAIN STREET
SUITE 180
LAKELAND, FLORIDA 33801

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, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or 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:

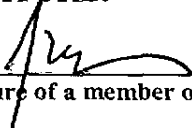
MGRM

J. WESLEY COMPTON
6502 Blackfin Way
Apollo Beach, Florida 33572

MGRM

Robert J. Georges
546 Lake Hollingsworth
Lakeland, Florida 33803

REQUIRED 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.)

J. WESLEY COMPTON
Typed or printed name of signee

04 JAN 26 PM 2:16

FILED
SECRETARY OF STATE
TAMPA, FLORIDA