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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

04 MAR 12 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** GP Securities LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Mary Jane Zuccaro  
(Name of Person)

Target Investors  
(Firm/Company)

15 River Road, Suite 220  
(Address)

Wilton, CT 06897  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Jane Zuccaro at ( 203 ) 761-9600  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GP Securities LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

15 River Road, Suite 220

same

Wilton, CT 06897

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

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

Robert Zuccaro

Name

3896 Tarpon Pointe Circle

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

Palm Harbor FLORIDA 34684

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, Florida Statutes..*

Robert Zuccaro

Registered Agent's Signature

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

Brynne Zuccaro

910 Constitution #812

Durham, NC 27705

MGRM

Marc Zuccaro

38 Hunting Ridge

Wilton, CT 06897

MGRM

Mary Jane Zuccaro

38 Hunting Ridge

Wilton, CT 06897

MGRM

Robert Zuccaro

3896 Tarpon Pointe Circle

Palm Harbor, FL 34684

(Use attachment if necessary)

MGRM

John Tarleton

20 Second Street, Apt 2606

Jersey City, NJ 07302

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

Mary Jane Zuccaro

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)