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Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:Account Name : CORPORATION SERVICE COMPANY / *SAL*

Account Number : I20000000195

Phone : (850) 521-1000

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY**GTC MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

GTC Management, LLC**ARTICLE II - Address:**

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

Principal Office Address:305 West Broad StreetGroveland, FL 34736**Mailing Address:**305 West Broad StreetGroveland, FL 34736**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Yasuhiko Tominaga

Name

305 West Broad StreetFlorida street address (P.O. Box **NOT** acceptable)GrovelandFLORIDA 34736

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..

By: 

Registered Agent's Signature

Yasuhiko Tominaga

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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

Yasuhiko Tominaga

305 Groveland, FL 34716

(Use attachment if necessary)

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.)

By: Yasuhiko Tominaga

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)