

LD40000 89759

(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:

Office Use Only



700043201187

12/13/04--01054--010 **125.00

FILED
04 DEC 13 PM 1:24
RECEIVED
04 DEC 13 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FIDELITY & SECURITY
UNIT

LD-89759
QR

TRANSMITTAL LETTER

Effective
Date 15
01/01/05

TO: Registration Section
Division of Corporations

SUBJECT: The Gemini Group 2000 L.L.C.
(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:

Patricia Muth
(Name of Person)

The Gemini Group 2000 L.L.C.
(Firm/Company)

1513 S. Magnolia Dr
(Address)

Tallahassee, Fl. 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Muth at (850) 321-1181
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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
04 DEC 13 PM 1:24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Genesis Group 2000 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:

1513 S. Magnolia Ave.
Tallahassee, FL 32301

Same

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

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

James Ashmore
Name

109 S. Main Street

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

Tallahassee, FL 32303

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.

See attached

Registered Agent's Signature

04
DES
FILED
TALLAHASSEE
STATE
ORDA
FEB 1:24

(CONTINUED)

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

Patricia Muth

1513 S. Magnolia Dr
Tallahassee, FL 32301

MGRM

Josie Edwards

1513 S. Magnolia Dr
Tallahassee, FL 32301

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Patricia Muth

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.)

PATRICIA MUTH

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 DEC 13 PM 1:24

FILED

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)

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 608.415 OF THE FLORIDA LIMITED LIABILITY COMPANY ACT, THE LIMITED LIABILITY COMPANY IDENTIFIED BELOW SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING ITS REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is The Genesis Group 2000, L.L.C.
2. The name and the Florida street address of the registered agent for The Genesis Group 2000, L.L.C. are: James Ashmore, 109 S. Main Street, Havana, Florida 32333.

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,


James Ashmore,
Registered Agent

DATED: December 7, 2004

FILED
04 DEC 13 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA