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(Re	questors	Name)
(Ad	dress)	
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(Cit	y/State/Z	ip/Phone #)
PICK-UP	□ v	VAIT MAIL
(Bu	siness E	ntity Name)
(Do	cument	Number)
Certified Copies	Ce	rtificates of Status
Special Instructions to	Filing Off	icer:
Name Availabili ty		
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Examiner		Use Only
Updater	Louine	OSC OTHY
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: GH ENTERPRISES, 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:
GREGORY J. HAND (Name of Person)
(Name of rerson)
GH ENTERPRISES, LLC
(Firm/Company)
11027 PEPPERMILL LANE
(Address)
JACKSONVILLE, FL 32257
(City/State and Zip Code)
For further information concerning this matter, please call:
1 of future information concerning and matter, prease can.
GREGORY HAND at (904), 708-7900
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 RAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	:
GH ENTERPRISES, LLC	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11027 PEPPERMILL LANE	SAME
JACKSONVILLE, FL 32257	
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature:
The name and the Florida street address of the	registered agent are:
GREGORY J. HAND	
Name	e
11027 PEPPERMILL LANE	
Florida street ac	idress (P.O. Box NOT acceptable)
#ACKSONVILLE, FL 32257	FL
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and sistered agent as provided for in Chapter 608, F.S
	OF STATE FLOAIN

Page 1 of 2

(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:	v		
MGR	GREGORY J. HAND			
IVIGN	11027 PEPPERMILL LANE	 -		
	JACKSONVILLE, FL 32257			-
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(Use attachment if necessary)				
topo atmonioni il moodsaay)	•			
NOTE: An additional article must be	added if an effective date is requested.			
REQUIRED SIGNATURE:				
A. cons	L. C. D. L			
Signature of a member of	An authorized representative of a member.	•	d.	•
In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury em are true.			
GREGORY J. HAND				
	d or printed name of signee			
- 7. -	ES	鼍		
Filing Fees:	表型	<u>د</u>		
	<u> </u>	-	O4.1 77%	
\$125.00 Filing Fee for Articles of Organiz	ration and Designation			
of Registered Agent	درات سر	လ	777	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	يرين من المناسبة	J	क न म हरणालु	
3 3.00 Cerunçate of Status (Optional)	STAI LOR	Ö	تحمعت	