

L 05000049768

(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

Expiration

Up to

Office Use Only

Up to

Up to

Up to

Up to

Up to

Up to

Up to

Up to

Up to

Up to

UCC

UCC

UCC

UCC

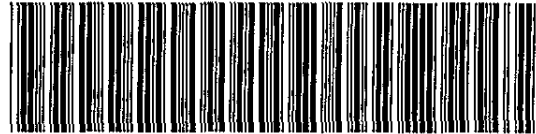
UCC

UCC

UCC

UCC

UCC



700052261327

05/13/05--01011--024 **72.50

04/29/05--01021--003 **87.50

2005 APR 11
11:11 AM

W05-22216
1

FF #125
cc/aus 35

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G L Satellite 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:

Karen George

(Name of Person)

G L Satellite LLC

(Firm/Company)

P O Box 1055,

(Address)

Branford, FI 32008

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen George

(Name of Person)

at (386) 935-3297

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

G L Satellite LLC

ARTICLE II - Address:

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

Principal Office Address:

24070 101st Road
OBrien, FL 32071

Mailing Address:

P O Box 1055
Branford, FL 32008

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

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

Karen George

Name

24070 101st Road

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

OBrien, FL 32071

FL

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.


Registered Agent's Signature

(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

Karen Maria George

24070 101st Road

OBrien, FL 32071

MGRM

William Barry Lopez

P O Box 327

Branford, FL 32008

MGRM

Charles Edward George, Jr.

24465 111th Drive

OBrien, FL 32071

(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.)

Karen M. George (Dealer, Managing Member, and President)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)