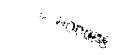
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(Re	questor's Name)	
(Add	dress)	<u> </u>
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(City	//State/Zip/Phone #	f)
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(Document Number)		
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		_
SUBJECT: GSPEED Co	NSULTING L d Liability Company)	-LC
(Name of Limited	d Liability Company)	
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
TED GOODS	PEED	
(1)	Name of Person)	
GSPEED CONSUL	LTINIG IIC	
	Firm/Company)	
5570A N O	CEAN BLVD.	
	(Address)	
OCÉAN RIOGE (City.	FL 33735 (State and Zip Code)	
For further information concerning this matter, please	call:	
TEO GOODSPEED (Name of Person)	at (561) 374-9	7347
(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\Boxed{\sigma}\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations	MAILING A Registration S Division of C	Section

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
SS FOA N OCEAN BLVD SAME OCEAN ATOLE, FL 33735		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:		
TEO GOODSPEED Name		
5570A NOCEAN BLVD. Florida street address (P.O. Box NOT acceptable)		
OCEAN RIOEE FL 33435 City, State, and Zip		
Having been named as registered agent and to accept service of process for the above stated limited		

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGA	TED GOODFREED 5570A N OCEAN BLUD. OCEAN RIPUE FZ 33435
(Use attachment if necessary) NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	
(In accordance with section	on 608.408(3). Florida Statutes, the execution es an affirmation under the penalties of perjury
that the facts stated here	ein are true.) DSP=250 d 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)