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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G & E Properties 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:*

Mr. Elushes Reynolds
(Name of Person)

G & E Properties LLC
(Firm/Company)

P.O. Box 26432
(Address)

Jacksonville, Florida 32226
(City/State and Zip Code)

For further information concerning this matter, please call:

Mr. Elushes Reynolds at **904-993-2929**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LWHED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **G & E Properties LLC**

ARTICLE II - Address:

Principle Office Address:

Mailing Address:

12248 Sumter Square Drive East
Jacksonville, Florida 32218

P.O. Box 26432
Jacksonville, Florida 32226

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Mr. Elushes Reynolds

12248 Sumter Square Drive East

Jacksonville, Florida 32218

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, FS..

Elushes Reynolds

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: _____ **Name and Address:** _____

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Mrs. Gwendolyn Lynette Reynolds
12248 Sumter Square Drive East
Jacksonville, Fl. 32218

MGRM

Mr. Elushes Reynolds
12248 Sumter Square Drive East
Jacksonville, Fl. 32218

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Elushes Reynolds

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.)

Mr. Elushes Reynolds

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)

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TALLAHASSEE FLORIDA