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COVER LETTER

Division of Corporations	
SUBJECT: GPM Capital, LLC	
	ed Liability Company)
The enclosed Articles of Organization and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Patrick Rich	
	(Name of Person)
GPM Capital, LLC	
	(Firm/Company)
27810 Forester Dr.	
	(Address)
Bonita Springs, FL 3413	
(City	//State and Zip Code)
For further information concerning this matter, please	call:
Patrick Rich	at (239 992-6566 (Area Code & Daytime Telephone Number)
(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	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
GPM Capital, LLC	
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
27810 Forester Dr.	27810 Forester Dr.
Bonita Springs, FL 34134	Bonita Springs, FL 34134
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are:
Patrick Rich	
Name	
27810 Forester Dr.	
Florida street add	dress (P.O. Box NOT acceptable)
Bonita Springs,	FL 34134
City, State, a	and Zip
liability company at the place designated in t registered agent and agree to act in this capacit	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and
	stered agent as provided for in Chapter 608, F.S
In	hi
Registered Agent's Signat	ture (REQUIRED)
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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" = Managi	ng Member	
5		
MGRM	Patrick Rich	
	27810 Forester Dr.	
	Bonita Springs, FL 34134	
MGRM	Gary Weaver	
	12311 Shoreview Dr.	
	Matlacha, FL 33993	
MGRM	Michael Moscone	
	382Cranbrook Ct	
	Bloomfield Hills, MI 48304	
(Use attachment if necessary) 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:		
Si	gnature 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.)		
_	Typed or printed name of signee	
	There or bruine regime of original	

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)