Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: AGENTS AND CORPORATIONS, INC Account Name

Account Number : I20010000112

Phone

: (302)575-0875

Fax Number

: (302)575-0925

OLE LOR	DA/FOREIGN LIMITED LIABILITY CO. GG-LB, LLC		
401	Certificate of Status	0	
OIVISION	Certified Copy	0	
3 😤	Page Count	01	
Q	Estimated Charge	\$125.00	

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: GG-LB, LLC

ARTICLE !! - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 20199 Markward Crossing, Estero, FL 33928.

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

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

Agents and Corporations, Inc. Suite E, 773 4th Avenue North Naples, FL 34102

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

ARTICLE IV - Management (Check box if applicable.) []
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V - Manager:

The initial Manager(s) of the Limited Liability Company shall be:

Gerhard Pelzer Guldo Leiendecker

Signature of a member of an authorized representative of a member (in accordance with section 608.408(3), Fiorida 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

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SECRETARY OF STATE
TALLAHASSEF, FIORICA