# 06000096106

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sity) State 2 pt World 11)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

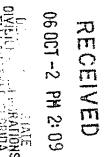
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# **COVER LETTER**

TO: Registration Sec Division of Cor				:
SUBJECT:	tG, LC			
	(Name of Limite	d Liability Company)	TASE OF	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	LAND OF THE PARTY	
Please return all correspo	ondence concerning this matte	er to the following:	SSTAR	1
Ge		een	From P.	כ
GF	tG, LLC	Name of Person)  (Firm/Company)	RIGHT	±
1253	Balkin B	(Address)		
Tailal	massee, Fl	3230 <b>5</b> /State and Zip Code)	·	
For further information of	concerning this matter, please	call:		
		at ( )		
(Name	of Person)	at ()(Area Code & Daytime 7	Felephone Number)	
Enclosed is a check for	or the following amount:			
ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	p \$155.00 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

The name of the Limited Liability Comp	oany is:		
- GHG, LLC	7		_
(Must end with the words "Limited Liability Company	y, "Limited Company" or their	abbreviation "LLC,"	or "LC.,")
ARTICLE II - Address:			
The mailing address and street address of	f the principal office of	the Limited Liab	oility Company is:
Principal Office Address:	Mailing Addi	ress:	TAS 0

r incipal Office Address:	<u> Mailing Address:</u>	Dro -
1253 Balkin Road	Same	CLL A
Talabassee, Fr 3230	5	
	· <del></del>	SST
ATIMICATE VII. IN		TE R
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.)	istered Office, & Registered Age on Registered Agent. You must designate an i	nt's Signature; ndividual of another
The name and the Florida street address of	of the registered agent are:	I
Genera	1 Green	· · · · · · · · · · · · · · · · · · ·
	Name	

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

Tallahassee, FL 32305

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 (REQUIRED)

(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	Name and Address:
"MGRM" = Managing Member	General Green 1253 Balkin Road Tallahassee, Fr 32305
	A C C C C C C C C C C C C C C C C C C C
	HASSEE
(Line attachment if managemy)	PH 2: 23
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the offertive date is listed, the date must	date of filing: (OPTIONAL) be specific and cannot be more than five business days
prior to or 90 days after the date of filing.)	So openio una cumor se mere cum me successo ungo
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.)

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)