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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer	7
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of safet
ACCOUNT NO. : 072100000032
REFERENCE: 831722 4811593
AUTHORIZATION :
COST LIMIT: \$ 155.00
ORDER DATE: April 2, 2007 ORDER TIME: 1:36 PM
ORDER NO. : 831722-005
CUSTOMER NO: 4811593
DOMESTIC FILING
NAME: GMJ HOLDINGS, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Doreen Wallace - EXT. 2928
EXAMINER'S INITIALS:

EFFECTIVE DATE 33007

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ed Company" or their abbreviation "LLC," or "L.C.")
The name of the Limited Liability Company is:	THE TOTAL TO
GMJ Holdings, LLC	
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.E.")
ARTICLE II - Address:	ABITE
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4424 South Military Trail	Same
Lake Worth, Florida 33463	
(The Limited Liability Company cannot serve as its own Regisbusiness entity with an active Florida registration.)  The name and the Florida street address of the property of	
Corporation Service Company	
Name	
1201 Hays Street	
Florida street add	iress (P.O. Box <u>NOT</u> acceptable)
Tallahassee	FL 32301
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 his 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

tatutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Corporation Service Company

Doreen F. Wallace

as its agent

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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 Membe	Name and Address:
MGRM	JEFFREY THOMAS ROBBINS
	5420 North Ocean Drive # 705
	Singer Island, Florida 33404
MGR	LYDIA MARIE SCHUTTE'
MOR	182 Mendham Road East
	Mendham, New Jersey 07945
	han the date of filing: March 30, 2007 (OPTIONAL) must be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	1,2
Signeture of a	member or an authorized representative of a member.
of this docume	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.)
Ву:	
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certifled Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)