

L07000042943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

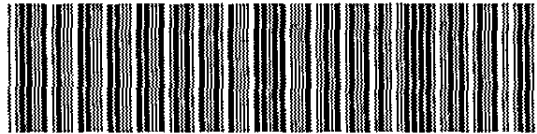
(Document Number)

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RECEIVED
07 APR 23 PM 3:36
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE

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07 APR 23 PM 4:33
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

(CLAUDE R. WALKER, ESQ.)

HUEY, GUILDAY & TUCKER, P.A.

P. O. BOX 12500

TALLAHASSEE, FL 32317-2500

Address

Attn: Julie

224-7091

City/State/Zip

Phone #

07 APR 23 PM 4:33
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. GGHM Properties, LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☐ Mail out

☒ Pick up time

☐ Will wait

Call Julie when ready: 224-7091

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION FOR

GGHM PROPERTIES, LLC

A FLORIDA LIMITED LIABILITY COMPANY

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is GGHM Properties, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

Principal Office Address:

21 W. Fee Avenue, Suite F
Melbourne, FL 32901

Mailing Address:

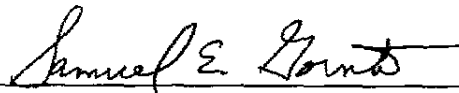
P. O. Box 440
Melbourne FL 32902-0440

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

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

Samuel E. Gornto
21 W. Fee Avenue, Suite F
Melbourne, FL 32901

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..



Samuel E. Gornto

ARTICLE IV – Management:

The name and address of the Manager is as follows:

Title:

MANAGER

Name and Address:

SAMUEL E. GORNTA
21 W. FEE AVENUE, SUITE F
MELBOURNE, FL 32901

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member:



SAMUEL E. GORNTA

(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.)