

**L07000054081**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H07000137730 3)))



H07000137730ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

2007 MAY 21 A 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
AL

RECEIVED

07 MAY 21 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**g. a. management llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

F  
H07000137730

**ARTICLES OF ORGANIZATION  
OF  
G.A. Management LLC**

*The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.*

**ARTICLE I  
NAME**

*The name of this limited liability company is:*  
**G.A. Management LLC**

**ARTICLE II  
PRINCIPAL OFFICE/MAILING ADDRESS**

*The principal office and mailing address of this limited liability company is:*

**10235 W Sample Road  
Suite 205  
Coral Springs, FL 33065**

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED  
AGENT'S SIGNATURE**

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

**Ingrid M Bachelor  
10235 W Sample Road  
Suite 205  
Coral Springs, Florida 33065**

*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.*

  
**Ingrid M Bachelor  
Registered Agent**

Prepared By: Ingrid M. Bachelor CPA  
License No. AC-0032360  
10235 West Sample Road  
Suite 205  
Coral Springs, FL 33065  
954-752-2758

H07000137730

H07000137730

**ARTICLE IV  
MANAGEMENT**

*The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each member is as follows:*

**Gaines Adams - Manager  
10235 W Sample Road  
Suite 205  
Coral Springs, Florida 33065**



**Name: Gaines Adams  
Title: Authorized Representative of the  
Members.**

*(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)*

**FILED**  
MAY 21 A 9:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

H07000137730