

## **Electronic Filing Cover Sheet**

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(((H070001582543)))



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

Account Name : SHAPIRO & ADAMS, P.A.

Account Number : I19990000101

Phone : (561)691-0059 Fax Number : (561)691-0066

Fax Number

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

**GSM Brock, LLC** 

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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ARTICLE I - Name: The name of the Limited Liability Compan	, su ie.
ine name of the climited classifity company	î <b>,</b> 12.
	•
GSM Brock, LLC	
Must end with the words "Limited Liability Company,"	Limited Company" or their abbreviation "LLC," or 'L.C.")
ARTICLE II - Address:	
The mailing address and street address of the	he principal office of the Limited Liability Company is:
n	Warman a a a a a a a a a a a a a a a a a a
Principal Office Address:	Mailing Address:
1551 Forum Place, Suite 100	1551 Forum Place, Suite 100
West Palm Beach, FL 33401	West Bolm Bonch Ci 33401
	VISSLE BILL DOBULT, FL DOSTO
ARTICLE III - Registered Agent, Regist	tered Office, & Registered Agent's Signature: 📉 🦈
Mile Viente d'Alle Commune de la commune de	Registered Agent. You must designate an individual or enother
The Trained Trecines Combast estate: 25 Ac 22 72 Date:	
business entity with an active Florids registration.)	
business entity with an active Florids registration.)	
the Limited Labolity Company cannot serve at its lower business entity with an active Florida registration.)  The name and the Florida street address of	
business entity with an active Florida registration.)  The name and the Florida street address of	
business entity with an active Florida registration.)  The name and the Florida street address of the Peter Brock	
business entity with an active Florida registration.)  The name and the Florida street address of the Peter Brock	the registered agent are:

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.

City, State, and Zip

FL 33401

Registered Agent's Signature (REQUIRED)

West Palm Beach

(CONTINUED) Page 1 of 2

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	<u>Fitle:</u> 'MGR" = Manager 'MGRM" <b>=</b> Managi	ng Member	Name and Address:	
1	MGRM		Peter Brock	
-			1551 Forum Place, Suite 100	
			West Palm Beach, FL 33401	
	MGRM		Andrew Brock	
1	VIGAIVI	•	1551 Forum Place, Suite 100	0
			West Palm Beach, FL 33401	
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(1	Use attachment if n	ecessary)		
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	E V: Effective date			
			specific and cannot be more than five business da	ys prior
V C	lays after the date o	n inong')		
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	LOURED SIGNA	ATURE:		
R	-	-	•	
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B	1	- Commence of the Commence of		

Filling Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 38.00 Certified Copy (Optional)
5 5.00 Certificate of Stotus (Optional)

Peter Brock

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Typed or printed name of signee

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