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

FILE DI STATE SECRETARISSEE FLORID

COVER LETTER

	stration Section ion of Corporatio	ns			
SUBJECT:	GVP	CONSULT	ING		
_		(Name of Limit	ted Liability C	ompany)	
The enclosed A	Articles of Organia	zation and fee(s) are	submitted for	filing.	
Please return a	ill correspondence	concerning this ma	tter to the follo	wing:	
	GERALD	K. VAN P	ELT, JR.		
			(Name of Perso	on)	
			(Firm/Compan	у)	
	9087 C	ENTRAL A	VENUE		
			(Address)		
	MICCO,	FL 329	7 ム ity/State and Zip	Code)	
For further info		ng this matter, plea		,	
	ERALD K. V	an PECT, In	_ at (<i>77</i> *	2) 664	- 6975 e Telephone Number)
	(Name of Persor	n) '	(Area	Code & Daytime	e Telephone Number)
	check for the fo	-			
\$ 125.00 Fili		0.00 Filing Fee & ficate of Status	Certified		Certificate of Status &
	Regist Divisi P.O. I	ng Address tration Section on of Corporations 30x 6327 nassee, FL 32314	Regi Divi Clifi 266	et/Courier Add istration Section sion of Corpora ion Building I Executive Cen	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GVP CONSULTING, (Must end with the words "Limited Liabili	LLC
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9087 CENTRAL AVE.	9087 CENTRAL AVE
MICCO, FL. 32976	9087 CENTRAL AVE MICCO, FL 32976
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registation.) The name and the Florida street address of the registration. AERALD K. VAN PEName	ered Agent. You must designate an individual or another egistered agent are:
Name	mo 7 m
9087 CENTRAL A	
Florida street add	ress (P.O. Box NOT acceptable)
MICCO, City, State, a	FL 32976 nd Zip
liability company at the place designated in th	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. 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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Mana	t Crass	Name and Address:
	naging Member	
MGR		GERALD K. VAN PELT, JR. 9087 CENTRAL AVE. MICCO, FL 32976
		MICCO, FL 324/6
		`
		
	 -	
(Use attachmen	t if necessary)	
TICLE V: Effective an effective date is li	e date, if other than the isted, the date must be	e date of filing: APRIL 1, 2008 (OPTIONAL)
r 90 days after the d		- ·
i zo dajs atter tile t		PALE SEE
REQUIRED S	O /	SECRETARY TALLAHASS
·	IGNATURE: D./4. Van	w Relt 2
•	IGNATURE: D./4. Van	SSE TO THE TOTAL PROPERTY OF THE TOTAL PROPE
•	IGNATURE: J. 4 Uan Signature of a member	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
•	Signature of a member of this document constitute the facts stated h	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

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)