

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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EXAMINER



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- COVER LETTER

| то: | Registration Section Division of Corporations | |
|--------------|---|--|
| SUBJI | CT. G & S Relocations, LI | _C |
| | BC11 | imited Liability Company) |
| (| · | |
| The en | closed Articles of Organization and fee(s) | are submitted for filing. |
| Please | return all correspondence concerning this | matter to the following: |
| | Grego | ry & Susan Motkowski |
| | | (Name of Person) |
| | G & S | Relocations, LLC |
| | | (Firm/Company). |
| | 60 Wh | spering Pine Drive |
| | | (Address) |
| | Palm | Coast, FL 32164 |
| | | (City/State and Zip Code) |
| For fu | rther information concerning this matter, p | lease call: |
| Gre | gory & Susan Motkowski | at (386) 585-4373 |
| - | (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclo | sed is a check for the following amoun | nt: |
| \$125 | .00 Filing Fee \$\sum \$\frac{1}{3}\$130.00 Filing Fee Certificate of Statu | |
| | Malling Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231 | Clifton Building |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|---|---|--------------------|
| | | |
| G & S Relocations, LLC | | |
| (Must end with the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| The mailing address and street address of the pr | rincipal office of the Limited Liabili | ity Company is: |
| Principal Office Address: | Mailing Address: | |
| 60 Whispering Pine Drive | 60 Whispering Pine Drive | |
| Palm Coast, FL 32164 | Palm Coast, FL 32164 | · |
| ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration. | tered Agent. You must designate an individual o | mature: DIVISION O |
| Gregory J. Motkowsl | ki | 3 255 |
| Name | | AR TRY OR ST |
| 60 Whispering Pine | ······································ | STA ORAN |
| | dress (P.O. Box NOT acceptable) | 26 |
| Palm Coast, FL 3216 | 64 _L | рб., , |
| City, State, a | and Zip | |
| | • • • • | |

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.

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:

| "MGRM" = Managin | |
|--|---|
| MGRM | Gregory J. Motkowski |
| | 60 Whispering Pine Drive |
| | Palm Coast, FL 32164 |
| MGRM | Susan Motkowski |
| | 60 Whispering Pine Drive |
| | Palm Coast, FL 32164 |
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| | other than the date of filing: (OPTION |
| fective date is listed, days after the date o | e date must be specific and cannot be more than five business da iling.) |
| | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

Gregory J. Motkowski
Typed or printed name of signee