

L09000007450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

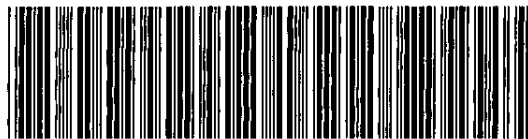
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300141436783

01/22/09--01011--026 **160.00

FILED
09 JAN 22 PM 12:46
SECRETARY OF TREASURY
TALLAHASSEE FLORIDA

S. HAWKES
JAN 23 2009
EXAMINER

A Professional Corporation

2395 S. Huron Parkway
Suite 200
Ann Arbor, MI 48104
734 973.1222
734 973.1223 fax
www.kelseylaw.com



George W. Kelsey
Mary O' Dea*
Matthew T. Coleman
Karen L. Girard**
Laurie Stockton

*Also licensed to
practice in New York

**Also licensed to
practice in California

January 21, 2009

Registration Section
Division of Corporations
Clifton building
2661 Executive Center Circle
Tallahassee, FL 32301

Via Federal Express

Re: *GSB & Associates, L.L.C.*

Dear Sir/Madam:

Please find enclosed for filing Articles of Organization for Florida Limited Liability Company, together with Cover Letter regarding formation of GSB & Associates, L.L.C. In addition, we have enclosed a check in the amount of \$160.00 representing the filing fee, certificate of status and certified copy fees.

Please return the Certificate of Status and Certified copy to our firm at the above address. If you have any questions, please do not hesitate to contact our office.

Sincerely,

A handwritten signature in black ink, appearing to read "Renee Kornexl", written in a cursive style.

Renee C. Kornexl
Legal Secretary

/rck

Enclosures

g:\gsb & associates\division of corporations letter-012109.doc

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GSB & Associates, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George W. Kelsey
(Name of Person)

Kelsey Law Group, P.C.
(Firm/Company)

2395 S. Huron Parkway, Suite 200
(Address)

Ann Arbor, MI 48104
(City/State and Zip Code)

For further information concerning this matter, please call:

George W. Kelsey at (734) 973-1222
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GSB & Associates, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

10399 Stonebridge Boulevard

Boca Raton, FL 33498

Mailing Address:

10399 Stonebridge Boulevard

Boca Raton, FL 33498

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

William L. Gray

Name

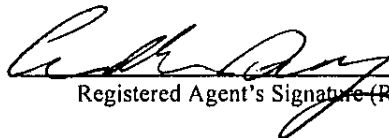
10399 Stonebridge Boulevard

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33498

City, State, 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

FILED
09 JAN 22 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Scott Westman
28771 Calle Posada
San Juan Capistrano, CA 92667

Page 2 of 2