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PICK-UP WAIT MAIL	
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(Business Entity Name)	_
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Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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COVER LETTER

TO:	Registration Division of C								
SUBJE	ECT:	GCSF	Platt Co	onstru	ction LL	С			
		Name of Limit	ed Liabili	ty Compa	any				
The en	closed Articles	of Organization and fee(s) are	submitted	l for filing	ζ .				
Please	return all corres	pondence concerning this mat	ter to the	following	:				
		H	ank E. I	Platt Jr.				anomy	
			Name of	Person				THE STATE OF THE S	9 .
		GCSP			on LLC		 	AHA AHA AHA	49 NOV 1/8 PH 12: 36
			Firm/Co	npany				SE	18 PH
		1:	50 Dolly	Drive				<u> </u>	
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		Craw	fordville	, FL 32	327			D.	¥ ^{ar} t,
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For fur	ther information	concerning this matter, pleas	e call:						
	Hanl	c E. Platt Jr.	at (850)	544	-2621		
	Name	e of Person		Area Code	& Daytime	Telepho	one Numb	er	
Enclos	sed is a check t	for the following amount:							
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cert	ified Co	g Fee & py y is enclosed)) —) (Certifica Certified	Filing Fee, te of Status I Copy I copy is encl	s &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrati Division Clifton B 2661 Exe	ourier Addr on Section of Corporat suilding ecutive Cent ice, FL 3230	ions er Circ	cle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	 -			
The name of the Li	imited Liability Company is	:		
	G C S Platt Cons			
(Mı	ust end with the words "Limited Liab	ility Company," "L.L.C.," or "LLC.")	
ARTICLE II - Ad	ldress:			
		orincipal office of the Limite	d Liability Company	is:
_	_			
Principal Office A	<u>\ddress:</u>	Mailing Address:		
450 Dally Drive		150 Dally Deivo		
150 Dolly Drive	2227	150 Dolly Drive	7	
Crawfordville, FL	32321	Crawfordville, FL 3232	7500	
			9	
ARTICLE III - R	egistered Agent, Registere	d Office, & Registered Age	ent's Signatura	13
	ompany cannot serve as its own Regi active Florida registration.)	stered Agent. You must designate an	individual or another-	(/A-4576)
business entity with all a	active Provida registration.)		<u> </u>	- H W
The name and the I	Florida street address of the	registered agent are:	PH IZ: 30	-
	Hank E.	Diatt ir	Ç	•
	Name		36	
	1 100111	•		
	150 Doll	y Drive		
	Florida street address (P.C). Box <u>NOT</u> acceptable)		
	Crawfordville, FL 3232	7 _{FL}		
	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..

Hank & Plath
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:

<u>Title:</u> "MGR" = Manag	er	Name and Address:	
"MGRM" = Man			
MGR		Hank E. Platt Jr.	
		150 Dolly Drive	
		Crawfordville, FL 32327	
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Page 2 of 2

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