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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for fuffire annual report mailings. Enter only one email address please. **

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1011	Address:	-
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FLORIDA LIMITED LIABILITY CO. **GPM Printing and Promotional, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125,00

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EXAMINER

COVER LETTER

Division of C	Corporations		
SURDICET: GPM Pri	nting and Promotional, LLC		
		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filling.	
Please return all cones	pondence concerning this ma	tter to the following:	
Gregory F. Mu	zzilio ·		
	/**	Name of Person	
		Finn/Company	*9 100
709 Ponte Vede	ra Boulevard		
المينان طام چو وده آهي سيدي و		Address	**
Ponte Vedra Bo	each, Florida 32082		6
		ty/State and Zip Code	
gregir.muzzillo	(ii) proforms, com	for (uture annual report notification)	6 27
For further information	concerning this matter, pleas		
Gregory P. Muzzillo		31 (904) 400-3343	H 3: 02
Name	e of Person	Area Code & Daytime Telephone Number	
Enclosed is a check t	for the following amount:		
⊠\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Cop (additional copy)	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

TO:

Registration Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

GPM Printing and Promotional, LLC		<u></u>
(Must ond with the words "Li	imited Lubility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	s of the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
709 Ponte Vedra Boulevard	709 Ponte Vedra Boulevard	
Ponte Vedra Beach, FL 32082	Ponte Vedra Beach, Ff. 32082	 _
(The Limited Luability Company cannot serve as its	egistered Office, & Registered Agent's S	ignature: al orpnotter
ARTICLE III - Registered Agent, R (The Limited Lability Company cannot serve as its business entity with an active Florida registration.	s own Registered Agent. You must designate an individu	al or another
(The Limited Luability Company cannot serve as its	s own Registered Agent. You must designate an individu .)	al or another
(The Limited Lability Company cannot serve as its business entity with an active Florida registration.	s own Registered Agent. You must designate an individu .) ss of the registered agent are:	al or another 10 AUG 2
(The Limited Limbility Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address.	s own Registered Agent. You must designate an individu .) ss of the registered agent are:	TO AUG 27 TE STEMATIVE THE STE
(The Limited Limbility Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address.	s own Registered Agent. You must designate an individual. Sis of the registered agent are: Manic	10 AUG 27 PH
(The Limited Limbility Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address CT Corporation System 1200 South Pine Island	s own Registered Agent. You must designate an individual. Sis of the registered agent are: Manic	10 AUG 27 PH
(The Limited Limbility Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address CT Corporation System 1200 South Pine Island	s own Registered Agent. You must designate an individual. Sis of the registered agent are: Manic Name	10 AUG 27 TE STEPLATIVE THE STEPLATI

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..

Regisfered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Ms "MGRM" =)	anager Managing Membor	Name and Address:	
MGRM		Gregory P. Muzzillo	
		709 Ponte Vedra Boulevard	
		Ponte Vedra Beach, Fl. 32082	
			
			
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4			
			
			
Alexander			
(Use attachin	ent if necessary)		
	ive date liftother than the	e date of filing: (OP	TIONALI
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effective date i 90 days after th	e date of filing.) SIGNATURE:	perfor an authorized representative of a member.	PALLAHAS
effective date i 90 days after th	Signature of a memb	befor an authorized representative of a member.	10 AUG 27
effective date i 90 days after th	SIGNATURE: Signature of a memb	perfor an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	TO AUG 27 PM

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

Filing Fees:

5 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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