## Division of Opporation OCOO 123 17 Profe 1 of 2

## Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000257129 3)))



H1000002571293ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940

Fax Number : (516) 935-3088

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

EDELL Address : ARN @ RING RING. COM

O NOV 30 PM 2: 00 ECHETARY OF STATE FLORIDA LIMITED LIABILITY CO.

**G7 Charters LLC** 

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

10 NOV 30 AM 8: 06

11/30/2010

H10000257129

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address			
The mailing address and street addr	ress of the principal office of the Limited Liability Company is:		•
Principal Office Address:	Mulling Address:		
10005 Goodluck Road	10005 Goodluck Road		
Glendale, MD 20769	Giendale, MD 20769	,	
			· •••
		• •	•
		**** •	
ARTICLE III - Registered	A cont. Denistand Office & Decistand A centic Signatur		$\Box$
		TĈ 🛶	₹,,
The name and Plorida street address		10 N	SEC
The name and Florida street addres		TO NOV	SECRET
The name and Florida street addres	s of the registered agent are:	10 NOV 30	SECRETAR
The name and Florida street addres	s of the registered agent are: Terrance Gilliam	O NOV 30	SECRETARY OF CUR
The name and Florida street addres	s of the registered agent are:  Terrance Gilliam  Name	O NOV 30 AM	SECRETARY OF S
The name and Florida street addres	Name  15320 Anchorage Place  (P.O. Box or Mail Drop Box NOT Acceptable)	0 NOV 30 AM 8:	SECRETARY OF STATE
The name and Florida street addres	s of the registered agent are:  Terrance Gilliam  Name  15320 Anchorage Place	O NOV 30 AM	SECRETARY OF STATE
Having been named as registered at the place designated in this ce capacity. I further agree to comp	Name  15320 Anchorage Place (P.O. Box or Mail Drop Box NOT Acceptable)  Bradenton, FL 34202	NOV 30 AH 8: 06  Ited liability compard agree to act in this omplete performance	5
Having been named as registered at the place designated in this ce capacity. I further agree to comp of my duties, and I am familiar w	Name  15320 Anchorage Place  (P.O. Box or Muil Drop Box NOT Acceptable)  Bradenton, FL 34202  (City / State / Zip)  d agent and to accept service of process for the above stated limitificate, I hereby accept the appointment as registered agent and by with the provisions of all statutes relating to the proper and c	NOV 30 AH 8: 06  Ited liability compard agree to act in this omplete performance	5

H10000257129

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Terrance Gilliam - 10005 Goodluck Road, Glendale, MD 20769
MGRM	Joanne Gilliam - 10005 Goodlock Road, Glendale, MD 20769
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
the second of th	Note that the second se
	James arekin.
Signature	of a member or authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Terrance Gilliam

Typed or printed name of signee

DIVISION OF CAM 8: 06