

L1100006778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

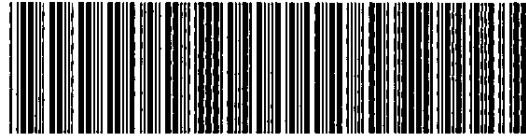
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/23/11--01008--020 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 24 AM 9:44

T. HAMPTON

JUN 10 2011

EXAMINER

011-23378

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GES Partners LLC
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:

Frank Slifka

Name of Person

GES Partners LLC

Firm/Company

1344 SW Janette Ave

Address

Port St. Lucie, FL 34853

City/State and Zip Code

Frank@GESPartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Slifka

Name of Person

at (772) 3426208

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 JUN -9 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 24, 2011

FRANK SLIFKA
1344 SW JANETTE AVE
PORT ST LUCIE, FL 34853

SUBJECT: GES PARTNERS LLC
Ref. Number: W11000023378

We have received your document for GES PARTNERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 24, 2011. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 811A00012870

*Please
Process
With Date
Received or today's
date at your discretion
Thank you,
[Signature]*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 MAY 23 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 26, 2011

FRANK SLIFKA
1344 SW JANETTE AVE
PORT ST LUCIE, FL 34853

SUBJECT: GES PARTNERS LLC
Ref. Number: W11000023378

We have received your document for GES PARTNERS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 011A00010132

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GES PARTNERS LLC

(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:

1344 SW JANETTE AVE
PORT ST. LUCIE, FL
34853

Mailing Address:

1344 SW JANETTE AVE
PORT ST. LUCIE, FL
34853

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:

LOEWENBERG MARKETING, LLC

Name


13562 Running WATER ROAD

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

Palm Beach Gardens FL 33418

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)

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

FRANK SLIFKA

1344 SW JANETTE AVE
P.O. BOX 1000, FT. LUCIE, FL 34853

MGRM

MARK LOSWENBERG

13562 RUNNING WATER ROAD
PALM BEACH GARDENS FL 33418

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/11/04 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Frank Slifka

Signature of a member or an 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

FRANK SLIFKA

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)