## L11000067991

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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28H JUN -9 AM ID: 0 IF

JUN 1 0 2011
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations	er en
	ECT: GK Motoring LLC.	
- SUBJ		ed Liability Company
The er	aclosed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this mat	ter to the following:
	James Greene Jr.	
		Name of Person
	GK Motoring LLC.	
		Firm/Company
	122 Bickford Drive	
		Address
	Palm Coast, Florida 32137	
		y/State and Zip Code
	j.greenejr@yahoo.com	for future annual report notification)
For fu	rther information concerning this matter, please	·
	es Greene	
	Name of Person	at (407) 448-7490 Area Code & Daytime Telephone Number
	sed is a check for the following amount:  Filing Fee \$\sum_{\text{S130.00}} \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &
		(additional copy is enclosed)  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

GK Motoring LLC.	·	
	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
122 Bickford Drive Palm Coast, Fl. 32137	122 Bickford Drive Palm Coast, Fl. 32137	
	Registered Agent. You must designate an individu the registered agent are:	Signature: 2011 JUN -9 AM DA TON
122 Bickford D		A OF
Palm Coast	et address (P.O. Box <u>NOT</u> acceptable)  FL 32137  ty, State, and Zip	> ***
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complete accept the obligations of my position as	nd to accept service of process for the all d in this certificate, I hereby accept the pacity. I further agree to comply with the ete performance of my duties, and I am	appointment as he provisions of all familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FILLED

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

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

2011 JUN -9 AM 10: 04"

<u>Title:</u> "MGR" = Manager	Name and Address:	SEURET TAPLAH
'MGRM" = Managing Member		
MGRM	James Greene	
	122 Bickford Drive	
	Palm Coast, Florida 32137	
MGRM_	Kelly Greene	
	122 Bickford Drive	
	Palm Coast, Florida 32137	
MGRM	Harold King	
<del></del>	122 Bickford Drive	
	Palm Coast, Florida 32137	
Use attachment if necessary)		
• •		
	e date of filing:	(OPTIO

REQUIRED SIGNATURE:

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.)

James Greene Jr.

Typed or printed name of signee

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)