

L12000009513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

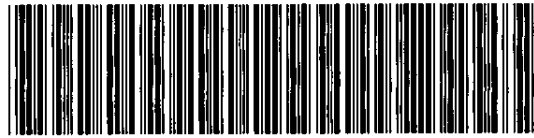
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JAN 20 2012

EXAMINER



800216548868

01/20/12--01019--004 **155.00

RECEIVED
DEPARTMENT OF STATE
12 JAN 20 AM 10:49

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 20 PM 12:35

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

January 20, 2012

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 20 PM 12:35

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **GC Management, LLC**

Dear Madam/Sir:

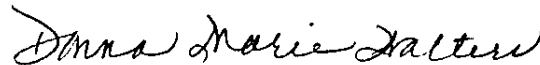
Enclosed are an original and one copy of the Articles of Organization for **GC Management, LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$125.00
Filing Fee | <input type="checkbox"/> \$130.00
Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00
Filing Fee &
Certified Copy
(additional copy enclosed) | <input type="checkbox"/> \$160.00
Filing Fee,
Certified Copy &
Certificate of Status
(additional copy enclosed) |
|---|--|--|---|

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw

Enclosures

h:\mth\clients\colak.gonul\corresp\sos ltr 20120120 gcm llc arts.doc
020388.110809

**ARTICLES OF ORGANIZATION
OF
GC CAPITAL MANAGEMENT, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is GC CAPITAL MANAGEMENT, LLC.

**ARTICLE 2.
Address**

The street and mailing address of the place of business is:

2878 Frogs Leap Way
Tallahassee, Florida, 32309

**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are as follows:

GONUL COLAK
2878 Frogs Leap Way
Tallahassee, Florida, 32309

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.

s/Gonul Colak

GONUL COLAK, Registered Agent

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
12 JAN 20 PM 12:35

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 20th day of January, 2012.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

s/Gonul Colak _____

GONUL COLAK

Authorized Representative of Member