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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Effective Date 12/11/12

12/11/12--01006--026 **160.00

2012 DEC || PH |: |
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

DEC 1 2 2012

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Name of Limit	D Professional ted Liability Company	Savices LLC
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	程 1
Please return all corresp	ondence concerning this mat	ter to the following:	
			SS T
	Claru	K:chard	Fig. 3
		Name of Person	70 :
G	ED Post	Tessional Service	ex LLC.
		Firm/Company	<u> </u>
3199	SW Crur	mpacher Stra	eet
Port	- Saint	bucie Hori	da. 34953
	E-mail address: (to be used	Orocketmail. for future annual report notification)	CON
For further information	concerning this matter, please	e call:	
hatarsha Name	of Person	at (954) LOHT · Area Code & Daytime Tele	Colo Olo phone Number
Enclosed is a check f	or 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	Street/Courier Address Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
G and D Profession (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3199 SW Crumpacker street Port St. Lucie., Fl. 34958	3199 SW Crumpacker Street Port St. Lucie, Fl. 34953
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	Richard PRICE
	cken street ress (P.O. Box NOT acceptable) Toss Toss
PORT St. LUCie City, Stat	FL. 34953

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 Agends Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

_	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGRM"	Gary Richard 3199 SW Crumpacker Street Out St. Lucie, Fl. 34953
"MGRH"	Latarsha R Kelly 1350 NE 50 th Court Fort Landerdale, Fl. 33334
. ,	EFFOR B
(Use attachment if necessary)	A LICE A
	date of filing: 12.11.12. (OPTIONAL) be specific and cannot be more than five business days
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

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)