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C. LEWIS
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EXAMINER

(850) 24 <del>5-6</del> 051. • 📥	<i>.</i> ₩	<b>**</b> ** **	ا الله الله الله الله الله الله الله ال
<b>Section</b> (1995)	COVE	R LETTER	in the second se
TO: Registration Division of C	Section		· <del>***</del>
SUBJECT:	GNV Pr	Operties, LL	<u>C</u> .
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	lichelle Petr	Name of Person	
	GNV Pro	perties, LLC	<b></b>
***************************************	PO BOX	140612	
	<u>Gainesvil</u>	1-e, FL 326 y/State and Zip Code	
<u> </u>	E-mail address: (to be used	hat mail. con for future annual report notification)	1
For further information	concerning this matter, please	e call:	
Michelle Name	Petri K	at (352) 672 Area Code & Daytime Telep	- 4642 shone Number
Enclosed is a check f	or the following amount:		
□\$125.00 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	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RT	TOT	FI	- Nar	ne.
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The name of the Limited Liability Company is:

GNV Properties, LLC

(Must end with the words "Limited Liability Commany." LLC." or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:
P.O. BOX 140612 Gamesville, FL 32614

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: Michelle Petrik

Name

9272 SW 29th Ave

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

Gaines Ville, FL 3 2608

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..

(CONTINUED)

Page 1 of 2

The name and address of each	r Managing Member(s): Manager or Managing Member is as fo	Ollows: SECRETARY OF STA
Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:	2813 FEB 25 AM 11
MGR	Michelle P P.o. Box Gamesville	etrik 140612 FL 32614
MGRM	Richard Po P.O. Box Gainesville,	trik 140612 -L 32614
(Use attachment if necessary)		
CLE V: Effective date, if other the effective date is listed, the date of or 90 days after the date of fine the date of th		(OPTIONAL) ore than five business d
CLE V: Effective date, if other teffective date is listed, the date of or 90 days after the date of fine the	te must be specific and cannot be milling.)  Melle Petrik	ore than five business d
CLE V: Effective date, if other teffective date is listed, the date to or 90 days after the date of fine and the secondary of a secondary with seconstitutes an affirmation of a seconstitutes at third degree of a seconstitute of a seconstitute at the seconstitute of a seconstitute at the seconstitute of a seconstitute	te must be specific and cannot be m	ore than five business d  of a member.  on of this document stated herein are true.  Department of State

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certifled Copy (Optional)

S 5.00 Certificate of Status (Optional)