

**L13000040876**

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 MAR 11 AM 10:56

**C. LEWIS**  
MAR 19 2013  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2013

GARLAND INGRAM, JR. / GMSP, LLC  
POB 1331  
WINTER PARK, FL 32790

SUBJECT: GMSP, LLC  
Ref. Number: W13000015859

We have received your document for GMSP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 613A00006319

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GMSP, 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:

**GARLAND INGRAM, JR.**

*Name of Person*

**GMSP, LLC**

*Firm/Company*

**POB 1331**

*Address*

**WINTER PARK, FL 32790**

*City/State and Zip Code*

**SMEINGRAM@GMAIL.COM**

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

For further information concerning this matter, please call:

**GARLAND INGRAM**

*Name of Person*

at ( **321** ) **947.9756**

*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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GMSP, 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:

### Mailing Address:

325 Lake Point Dr. Apt 102

POB 1331

WINTER PARK, FL 32790

Altamonte Springs, FL 32701

## 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:

HOPE ELLIOTT

Name

12472 LAKE UNDERHILL ROAD # 417

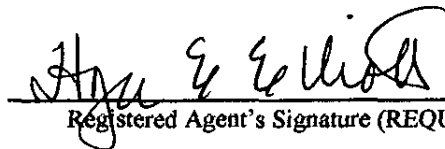
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 32828

City, State, and Zip

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DIVISION OF CORPORATION  
2018 MAR 11 AM 10:56

*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:**

MGR

GARLAND INGRAM, JR

9827 HIDDEN DUNES LANE

ORLANDO, FL 32832

MGRM

MARC PHILOGENE

5033 CARNEGIE LANE

SANFORD, FL 32771

MGRM

STEVEN D. MEAS

325 LAKEPOINTE DRIVE

ALTAMONTE SPRINGS, FL 32701

MGRM

PARSRAM RAJARAM

3272 AMBERLEY PARK CIRCLE

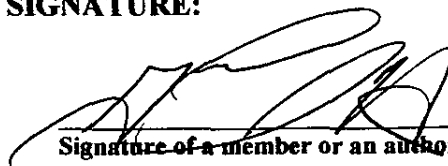
KISSIMMEE, FL 34713

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SECRETARY OF CORPORATION  
2013 MAR 11 AM 10:56

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 4, 2013. (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:**



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.)

GARLAND INGRAM, 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)**