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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

G TEEK 1, 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:

| Frank N                 | Nardi  |  |                  |                        |                                     |   |
|-------------------------|--|--|------------------|------------------------|-------------------------------------|---|
| <del></del>             |  | Name of Person                                     |                  |                        |                                     |   |
| G TEE                   | K 1, LLC                                     |  |                  |                        |                                     |   |
| <del></del>             |  | Firm/Company                                       |                  |                        |                                     |   |
| 10301 I                 | Palmgren Ln.                                 |  |                  |                        |                                     |   |
|                         |  | Address  |                  |                        |                                     |   |
| Spring                  | Hill, FL 34608                               | 3  |                  |                        |                                     |   |
|                         |  | ty/State and Zip Cod                               | e                |                        |                                     |   |
| casanardi               | @yahoo.com                                   |  |                  |                        |                                     |   |
|                         | E-mail address: (to be used to               | for future annual rep                              | ort notification | )                      | ( # <b>_</b>                        |   |
| For further information | concerning this matter, please               | call:  |                  |                        | AFE<br>SEC                          |   |
| Frank Nard              | di   | 352 at (   | 584-3            | 3129                   | 19 JUL 15<br>SECRETARY<br>SECHETARY | *************************************** |
| Name                    | of Person                                    | Area Code  | & Daytime Te     | elephone Numb          |                                     | -                                       |
| Enclosed is a check for | or the following amount:                     |  |                  |                        | AN IO: 5                            |   |
| \$125.00 Filing Fee     | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filin<br>Certified Co<br>(additional cop | рру              | Certifica<br>Certified | Figgg Feeth<br>ate of Status &      |   |
|                         | Mailing Address                              | Stroot/C   | ourier Addres    | 000                    |                                     |   |

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

|   | pany is:   |
|---|--|
| G TEEK 1, LLC.  (Must end with the words "Lim   | nited Liability Company, "L.L.C.," or "LLC.")  |
| (Musicella Will life Words Ellil  | med Liability Company, E.E.C., or EEC. )   |
| ARTICLE II - Address:   |  |
| The mailing address and street address of   | of the principal office of the Limited Liability Company is:   |
| Principal Office Address:   | Mailing Address:   |
| 6634 Central Ave  | 10301 Palmgren Ln  |
| St. Petersburg, FL 33707  | Spring Hill, FL 34608  |
|   |  |
|   | gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another |
| _   | of the registered agent are:   |
| The name and the Florida street address   | Name  Name  Name   |
| The name and the Florida street address   | Name PALLAH  |
| The name and the Florida street address  Gregory Todd Evans  129 Breakers Court # 13          | Name PALLAH  |
| The name and the Florida street address  Gregory Todd Evans  129 Breakers Court # 13  Florida | Name  Name  2  Name  13  14  15  16  17  18  18  19  19  19  19  19  19  19  19                                    |
| The name and the Florida street address  Gregory Todd Evans  129 Breakers Court # 13  Florida | Name  2  street address (P.O. Box NOT acceptable)  |

(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:

| "MGR" = Manager  | Name and Address:  |
|--|--|
| wich - manager   |  |
| "MGRM" = Managing Member   |  |
| MGR  | Elaine Eull Kennedy  |
| The state of the s | 129 Breakers Court #129  |
|  | Punta Gorda, FL 33950  |
| MGR  | Gregory Todd Evans   |
|  | 129 Breakers Court #129  |
|  | Punta Gorda, FL 33950  |
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| (Use attachment if necessary)  | •  |
|  | the date of filing: (OPTIONAL) sust be specific and cannot be more than five business of the control of         |
| FICLE V: Effective date, if other than n effective date is listed, the date m r to or 90 days after the date of filing.  | ust be specific and cannot be more than five business  |
| FICLE V: Effective date, if other than n effective date is listed, the date m  | ust be specific and cannot be more than five business  |
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| ricle V: Effective date, if other than n effective date is listed, the date mr to or 90 days after the date of filing.  REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation unla maware that any false information.   | sust be specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than specific and cannot be more than the specific and cannot be more than the specific and cannot be more than the specific and cannot be specific and cannot be more than the speci |
| ricle V: Effective date, if other than n effective date is listed, the date mr to or 90 days after the date of filing.  REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation unla maware that any false information.   | aber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)  |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)