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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer: .

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13 SEP 23 PN 3-32
SECRETARY OF STATE
ANASSEF FLORIDA

T. Burch SEP 2 A 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GSC INVESTM	IENTS 11 C
SUBJECT: GGG HTV ZGTH	(Name of Resulting Florida Limited Company)
	ersion, Articles of Organization, and fees are submitted to convert an Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence	concerning this matter to:
KIMBERLY HAAS	
(Contact Pe	rson)
SEA TOW JACKSONVILLE	
(Firm/Com	pany)
P.O. BOX 331606	
(Addres	
ATLANTIC BEACH, FL 3	
(City, State and	Zip Code)
E-mail address: (to be used for future at	anual report notifications)
•	•
For further information concerning	ng this matter, please call:
KIMBERLY HAAS	at (904) 545-5839
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the follow	ving amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing and Certification Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of
Conversion is:
GSC INVESTMENTS, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of NORTH CAROLINA
first organized, formed or incorporated under the laws of NORTH CAROLINA (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-o.s. entity, the name of the country)
on <u>1-10-2002</u>
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
FLORIDA .
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
GSC INVESTMENTS, LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 20TH . day of SEPTEMBER	20 <u>13</u>	
Signature of Member or Authorized Repr Individual signing affirms that the facts stat constitutes a third degree felony as provided	ed in this document are true. Any false information	on
Signature of Member or Authorized Represe Printed Name: KIMBERLY HAAS	ntative: 1/mileuly Haas	
Signature(s) on behalf of Other Business Enthis document are true. Any false information	<u>tity:</u> Individual(s) signing affirm(s) that the facts on constitutes a third degree felony as provided fo	
s.817.155, F.S. [See below for required signs		
Signature: / / / / / / / / / / / / / / / / / / /	Title: <u>secretary</u>	_
	little: <u>SECRETARY</u>	<u>-</u> ∢.
Signature:	Trut	ALL
Printed Name: MICHAEU HAAS	Title: MGR-VICE PRESIDENT	AHA
Signature:		SSE
Printed Name:	Title:	
Signature:	Tr'.1	LOSI STA
Printed Name:	Title:	PA FF
Signature:		
	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected,		
If Florida General Partnership or Limited I Signature of one General Partner.	iability Partnership:	
If Florida Limited Partnership or Limited L Signatures of <u>ALL</u> General Partners.	iability Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
	\$25.00 \$125.00	

\$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

Certified Copy: Certificate of Status:

RTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GSC INVESTMENTS, LLC	
	ny, the abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address:	
	Calconnication of the Communication of the Communication
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
· ·	
Principal Office Address:	Mailing Address:

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

KIMBERLY HAAS

Name

4852 N. OCEAN STREET

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

ATLANTIC BEACH

FL.32233

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..

Registered Agent's 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:

"MGR" = Manager	
"MGRM" = Managing Memb	ber
MGRM	MICHAEL HAAS
	4852 N. OCEAN STREET
	ATLANTIC BEACH, FL 32233

MGR	KIMBERLY HAAS
	4852 N. OCEAN STREET
	ATLANTIC BEACH, FL 32233
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effective date: 1) cannot be p lorida Department of State;	ner than the date of filing: (OPTIONAL) orior to nor more than 90 days after the date this document is to AND 2) must be the same as the effective date listed in the at
ICLE V: Effective date, if oth	ner than the date of filing: (OPTIONAL) orior to nor more than 90 days after the date this document is to AND 2) must be the same as the effective date listed in the at
ICLE V: Effective date, if oth effective date: 1) cannot be plorida Department of State; ficate of Conversion, if an effurity SIGNATURE:	OPTIONAL) Orior to nor more than 90 days after the date this document is to AND 2) must be the same as the effective date listed in the affective date listed therein.)
effective date, if other date of the period	OPTIONAL) Orior to nor more than 90 days after the date this document is a AND 2) must be the same as the effective date listed in the affective date listed therein.) Or an authorized representative of a member.
effective date: 1) cannot be plorida Department of State; ficate of Conversion, if an effective date: 1) cannot be plorida Department of State; ficate of Conversion, if an effective date of Signature of a member (In accordance with section 608.40 the penalties of perjury that the faction for the section for the secti	OPTIONAL) Orior to nor more than 90 days after the date this document is to AND 2) must be the same as the effective date listed in the affective date listed therein.)
effective date: 1) cannot be plorida Department of State; ficate of Conversion, if an effective date: 1) cannot be plorida Department of State; ficate of Conversion, if an effective date of Signature of a member (In accordance with section 608.40 the penalties of perjury that the fact document to the Department of States (IMBERLY HAME)	OPTIONAL) Orior to nor more than 90 days after the date this document is a AND 2) must be the same as the effective date listed in the at fective date listed therein.) Or an authorized representative of a member. 18(3), Florida Statutes, the execution of this document constitutes an affirmation state stated herein are true. I am aware that any false information submitted in a late constitutes a third degree felony as provided for in s.817.155, F.S.)