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COVER LETTER

TO:	Registration Se Division of Con			
SUBJI	GHT	B, LLC.	·	
201191	<u> </u>	Name of Limite	d Liability Company	
The en	closed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please	return all correspo	ondence concerning this matte	er to the following:	
	Bonnie	J Hill		
	<u> </u>		Name of Person	
	GHTB,	LLC.		
			Firm/Company	
	737 Ma	in Street, Suit	e 104	
		· · · · · · · · · · · · · · · · · · ·	Address	20
	Safety H	Harbor, FL 34	695	2013 NO
		City	y/State and Zip Code	1
Tmpbyadt@tampabay.rr.com E-mail address: (to be used for future annual report notification)			, pa	
		•	-	
For fu	rther information of	concerning this matter, please		10 10 10 10 10 10 10 10 10 10 10 10 10 1
Bo	nnie J. F	Hill	$_{at}$ $\frac{727}{451-024}$	2
	Name	of Person	Area Code & Daytime Telephon	e Number
Enclo	sed is a check fo	or the following amount:		
	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed)	60.00 Filing Fee, ertificate of Status & ertified Copy dditional 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	В

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ncipal office of the Limited Liabili	
ncipal office of the Limited Liabili	
torbar ortioc or ano ruminon rusom	ty Company is:
	ty Company is.
Mailing Address:	
737 Main Street Suite 104	
	
	or another 2013 NOV
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· · · · · · · · · · · · · · · · · · ·	
ess (P.O. Box <u>NOT</u> acceptable)	
ess (P.O. Box <u>NOT</u> acceptable)	
	Mailing Address: 737 Main Street, Suite 104 Safety Harbor, FL 34695 Office, & Registered Agent's Signed Agent. You must designate an individual of gistered agent are:

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	Bonnie J Hill
	737 Main Street, Suite 104 Safety Harbor, FL 34695
	Salety Halbot, Ft 34093
(Use attachment if necessary) ARTICLE V: Effective date, if other than the distribution of 90 days after the date of filing.)	late of filing: (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	Jo Hill
-	or an authorized representative of a member.
constitutes an affirmation under t I am aware that any false informa	he penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Bonnle J Hill	od ov veinted verse of signer
Тур	ed 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)