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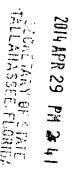
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
, (Document Number)
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: <u>G.T. NORTH COUNTY PROPER</u> Name of Lir	TIES II nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	WILLIAM HENRY BILLARD		
		Name of Person	2014 \$
		Firm/Company	# T
	313 LAKE CIRCLE #309		ANY E
		Address	
	NORTH PALM BEACH, FLORIDA	33408 Sity/State and Zip Code	
<u>rb</u> i	lly9@aol.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	her information concerning this matter, plea	ase call:	
WILLI	AM HENRY BILLARD at (Name of Person		lephone Number
Enclose	ed is a check for the following amount:		
☑ \$ 125.0	0 Filing Fee \$\Bigcup \\$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 Adding Registration Section Division of Corporate Clifton Building 2661 Executive Centrallahassee, FL 3230	ions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
G.T. NORTH COUNTY PROPERTIES II LLC.		
(Must end with the words "Limit	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principa	at office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
313 LAKE CIRCLE #309 NORTH PALM BEACH, FL 33408	313 LAKE CIRCLE #309 NORTH PALM BEACH, FL 33408	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registra	wn Registered Agent. You must designate an individual or	
(The Limited Liability Company cannot serve as its ov	wn Registered Agent. You must designate an individual or	dengine of the Co
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra	wn Registered Agent. You must designate an individual or ation.) ared agent are:	gent at the same
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register	wn Registered Agent. You must designate an individual or ation.) red agent are: D since Sinc	
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register WILLIAM HENRY BILLARI Name	wn Registered Agent. You must designate an individual or ation.) red agent are: D me T T T T T T T T T T T T T	
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register WILLIAM HENRY BILLARI	wn Registered Agent. You must designate an individual or ation.) red agent are: D me	•
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register WILLIAM HENRY BILLARI Nati	wn Registered Agent. You must designate an individual or ation.) red agent are: D ame Box NOT acceptable)	•

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Membe	г
MGR" = Manager	
/IGR	WILLIAM HENRY BILLARD
	313 LAKÉ CIRCLE #309
	NORTH PALM BEACH, FL 33408
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	ر بر مرب ۱ ـ مرب
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Jise attachment if necessary) V: Effective date, if other thative date is listed, the date m filing.)	the date of filing:
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V: Effective date, if other that tive date is listed, the date must filling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signatur (In accordance with seconstitutes an affirmation is a may a sware that any fermation is secons.)	ust be specific and cannot be more than five business days prior to or 9
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V: Effective date, if other that tive date is listed, the date in filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signatur (In accordance with seconstitutes an affirmate I am aware that any feconstitutes a third deconstitutes a third deconstitutes as a signature of the seconstitutes as th	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true.