## L14 00 B156980

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## COVER LETTER.

Division of C	Corporations		
SUBJECT: GT Sal	es Company II C		
SOBJECT. G Sal	Name of Lin	nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
George -	Taverna	Name of Person	
GT Sale	s Company LLC.	Eliza (Carana)	
		Firm/Company	
PO Box	61844		
		Address	
Ft Myers	Florida 33906	Sity/State and Zip Code	
georgieboysiny		rgieboysiny og a d for future andual report notifica	ation)
For further information	on concerning this matter, plea	ase call:	
George Taverna Nar	at (_; me of Person	239 ) <u>898-2291</u> Area Code Daytime Te	lephone Number
Enclosed is a check for	or 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)
<u>Ma</u>	iling Address	Street/Courier Add	res <u>s</u>

TO:

**Registration Section** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
GT Sales Company LLC.		
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address:		
The mailing address and street address of the princip	pal office of the Limited Liability Com	ipany is:
Principal Office Address:	Mailing Address:	
4343 Avian ave	PO Box 61844	
Ft Myers Florida 33916	Ft Myers Florida 33906	
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist	own Registered Agent. You must designation.)	
The name and the Florida street address of the regis	tered agent are:	
George Taverna		
N	Name	
4343 Avian Ave		
Florida street address (P.O	. Box NOT acceptable)	
<u>Ft Myers</u>	FL 33916	
City	Zip	
Having been named as registered agent and to acce the place designated in this certificate, I hereby a capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept the	accept the appointment as registered ag sions of all statutes relating to the prope	ent and agree to act in this er and complete performance
Registered Agents	Signature (REQUIRED)	<b>1</b> 20 -
nogation of them's		C 65
(CONT	TINUED)	CI -2 CI -2 PIAN
Page	e l of 2	PH 1:0

Րitle։	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager	
AMBER	George Taverna
	PO Box 61844
	Ft Myers Florida 33906
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ctive date is listed, the date mu	the date of filing:
EV: Effective date, if other than	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than ective date is listed, the date muf filing.)  E VI: Other provisions, if any.	the date of filing:
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