500001226E

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W15-326
office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2015

CYNTHIA MUNOZ 11135 STONE CREEK STREET WELLINGTON, FL 33449

SUBJECT: GTC, LLC

Ref. Number: W15000000326

We have received your document for GTC, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Interfect through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the works, "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLE", The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is 013878.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 415A00000079

COVER LETTER

Division of	n Section Corporations				
SUBJECT: GTC G		mited Liability Company			
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.			
Please return all corre	espondence concerning this n	natter to the following:			
<u>Cynthia</u>	Munoz				
		Name of Person			
Palm Be	ach Platinum Cheer				
		Firm/Company			
11135 S	tone Creek Street				
	tone creek oueci	Address			
<u>Wellingto</u>	on, Florida 33449				
	(City/State and Zip Code			
palmbeachplati	numcheer@outlook.com E-mail address: (to be use	d for future annual report notifica	etion)		
				28	
For ruther informatio	on concerning this matter, ple	ase call:	=======================================		
Cynthia Munoz	at (561) 400-6733		2015 JAN 12 SECRETARN	*******
	ne of Person		lephone Number	₹ ~	
				유 교	M
Enclosed is a check for	or the following amount:		(C)	₹ĭA	
☐ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &	

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

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
GTC Group, LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
11135 Stone Creek Street Wellington, FL 33449	11135 Stone Creek Street Wellington, FL 33449	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own lanother business entity with an active Florida registration.) The name and the Florida street address of the registered.	Registered Agent. You must designate an n.)	individual or
Cynthia Munoz	<u> </u>	
Name		
11135 Stone Creek Street	NOT as a set la	
Florida street address (P.O. Box	NOT acceptable)	
Wellington City	FL 33449 Zip	
Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli-	vice of process for the above stated limited t the appointment as registered agent and a of all statutes relating to the proper and co	ngree to act in this mplete performance
(CONTINUI	ED)	第55 1 55 1 55 1 55 1 55 1 55 1 55 1 55 1

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	Cynthia Munoz
	11135 Stone Creek Street
	Wellington, Florida 33449
AMBR	Timothy Sutton
	1272 Gembrook Ct.
	Royal Palm Beach, Florida 33411
AMBR	Gemelyn Santos
	120 Sparrow Drive Unit 202
	Royal Palm Beach, Florida 33411
ective date is listed, the date must of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 d
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