

L15000062/95

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

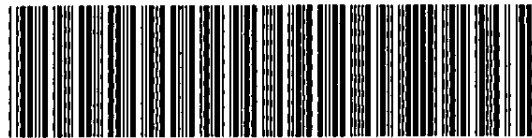
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE AFFAIRS  
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15 APR -8 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 09 2015  
S. YOUNG



## CT Corporation

515 East Park Avenue  
Tallahassee, FL 32301

850 558 1930 tel  
855 637 1628 fax  
www.ctcorporation.com

April 8, 2015

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9507400 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

GCS MANAGEMENT SOLUTIONS LLC (FL)  
Formation  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

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15 APR -8 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

## ARTICLES OF ORGANIZATION

### Article I.

The name of this Florida Limited Liability Company is: GCS Management Solutions LLC

### Article II.

The mailing address and the street address of the initial principal office of the limited liability company is:

2603 NW 13<sup>th</sup> Street, #335  
Gainesville, FL 32609

### Article III.

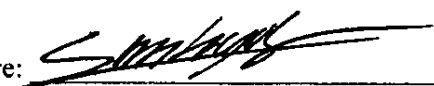
The name and address of the registered agent of the Limited Liability Company is:

Santiago Garces Jaramillo  
2603 NW 13<sup>th</sup> Street, #335  
Gainesville, FL 32609

*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.*

Registered Agent Signature:

Name: Santiago Garces Jaramillo

Signature: 

### Article IV.

The name and address of each of the person(s) authorized to manage and control the Limited Liability Company:

|   |  |
|---|--|
| Title: Authorized Representative<br>David F. Garces Jaramillo<br>2603 NW 13 <sup>th</sup> Street, #335<br>Gainesville, FL 32609 | Title: Authorized Representative<br>Santiago A. Garces Jaramillo<br>2603 NW 13 <sup>th</sup> Street, #335<br>Gainesville, FL 32609 |
|---|--|

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TALLAHASSEE, FLORIDA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

By: 

Santiago Garces Jaramillo

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