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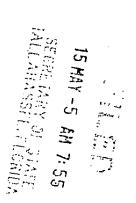
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



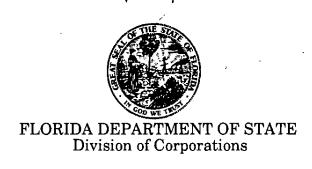
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2257



April 23, 2015

GERALD MINNICH 6346 COCOA LANE APOLLO BEACH, FL 33572

SUBJECT: GERALD L. MINNICH, LLC

Ref. Number: W15000028538

We have received your document for GERALD L. MINNICH, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Letter Number: 915A00008220

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	T: GERALD L. MINNICH, LCC
30202	CT: GERALD L. MINNICH, LCC Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	GERALD LEE MINNICH Name of Person
	Name of Person
	GERALD L. MINNICH, LCC Firm/Company
	Firm/Company
	6346 COCOA LANE Address
	Address
	APOLLO BEACH, FL 33572 City/State and Zip Code gerry. minnich @ verizon.net E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	Gerry, Minnich (a) Verizon, net F-mail address: (to be used for future annual report notification)
C 61-	
For Iurun	er information concerning this matter, please call:
GER	Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:
\$125.00	Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
GERALD L, MINNICH, (Must end with the words "Limited L	٠.
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
G346 COCOA LANE APOLLO BEACH, FL 33572	6346 COCOA LANE
33572	3357Z
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are;
GERALD L. M. Name	INNICH
Name	•
Florida street address (P.O. Box N	twe_
APOLLO BEACH City	FL 33572
City	Zip
capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligi	the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S.
(CONTINUEL	

Page 1 of 2

MBR" = Authorized Member GR" = Manager MG-R	GERALO LEE MINNICH 6346 COCOA LANE APOLLO BEACH, FL 33572
MGR	GERALO LEE MINNICH 6346 COCOA LANE APOLLO BEACH, FL 33572
	6346 COCOA LANE APOLLO BEACH, FL 33572
· :	APOLLO BEACH, FL 33572
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e attachment if necessary)	DATE OF FILING Ry
I: Other provisions, if any.	
QUIRED SIGNATURE:	
	Vision d
QUIRED SIGNATURE:	Marian Mariand representative of a mamber
QUIRED SIGNATURE: Signature of a member or a	In authorized representative of a member. (b), Florida Statutes, the execution of this decument.
Signature of a member or a (In accordance with section 605.0203 (1) constitutes an affirmation under the pena	(b), Florida Statutes, the execution of this decument. Ities of perjury that the facts stated herein are true.
Signature of a member or a (In accordance with section 605.0203 (1) constitutes an affirmation under the pena I am aware that any false information sub-) (b), Florida Statutes, the execution of this decument. Ities of perjury that the facts stated herein are true.
Signature of a member or a (In accordance with section 605.0203 (1) constitutes an affirmation under the pena I am aware that any false information sub constitutes a third degree felony as providence.	(b), Florida Statutes, the execution of this decument lities of perjury that the facts stated herein are true. Similarly mitted in a document to the Department of State ded for in s.817.155, F.S.)
Signature of a member or a (In accordance with section 605.0203 (1) constitutes an affirmation under the pena I am aware that any false information sub constitutes a third degree felony as providence.	(b), Florida Statutes, the execution of this decument lities of perjury that the facts stated herein are true. Somitted in a document to the Department of State ded for in s.817.155, F.S.)
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