

# L15000105193

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : AIA REGISTERED AGENT INC.  
Account Number : I20090000032  
Phone : (561) 792-2236  
Fax Number : (561) 202-8082

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN 18 AM 11:00

APPROVAL  
AND  
FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: REGAGENTSERVICES@YAHOO.COM

RECEIVED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
GW JOHNSON IV STRUCTURES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

UH

6/18/2015 9:32 AM

A1A REGISTERED AGENT INC.

561-202-8082

APPROVED  
AND  
612

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

15 JUN 18 AM 11:00

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

GW JOHNSON IV STRUCTURES, 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 office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

4331 VERONICA SHOEMAKER BLVD.

4331 VERONICA SHOEMAKER BLVD.

#7

#7

FORT MYERS, FL 33916

FORT MYERS, FL 33916

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

A1A REGISTERED AGENT INC.

Name

5647 110TH AVENUE NORTH

Florida street address (P.O. Box NOT acceptable)

ROYAL PALM BEACH FL 33411

City

State

Zip

*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..*

*Tim Mah*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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A1A REGISTERED AGENT INC.

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15 JUN 18 AM 11:00

ARTICLE IV-

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

GEORGE W JOHNSON IV

4331 VERONICA SHOEMAKER BLVD. #7

FORT MYERS, FL 33916

MGR

CARLOS OLAVE

4331 VERONICA SHOEMAKER BLVD. #7

FORT MYERS, FL 33916

(Use attachment if necessary)

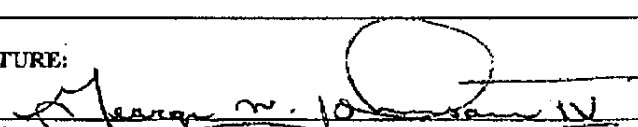
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

George W. Johnson IV  
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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