

L15000113933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

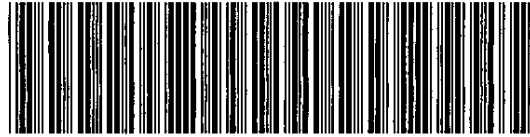
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL -3 PM 12:43

W15-041832

07/08/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2015

JAMES D. SHACKLEFORD
2416 LIPSCOMB STREET
MELBOURNE, FL 32901-5579

SUBJECT: GAC DEVELOPMENT CORPORATION, LLC
Ref. Number: W15000041832

We have received your document for GAC DEVELOPMENT CORPORATION, LLC and your check(s) totaling \$125.00. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P96000038118 (GAC DEVELOPMENT, INC.).

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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 015A00012646

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gtr. Allen Development Corporation, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James D. Shackleford
Name of Person

Gtr. Allen Development Corporation, LLC
Firm/Company

2416 Lipscomb Street
Address

Melbourne, Florida 32901-5579
City/State and Zip Code

gtrallenchapelame@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James D. Shackleford at (321) 727-3913
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gtr Allen Development Corporation, 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:

2416 Lipscomb Street, Melbourne, Florida
32901-5579

2416 Lipscomb Street, Melbourne, Florid
32901-5579

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:

Charles W. Jackson, Sr.

Name

808 East Line Street

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

Melbourne

FL 32901

City

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..

Charles W. Jackson, Sr.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

James Shackelford

President

Name and Address:

3680 Meadowlark Way, Melbourne, FL 32904

Elsenna Jordon

Vice President

883 WestPort Drive, Rockledge, Florida 32955-3

Lori Hickman

Secretary

480 Firestone Street NE, Palm Bay, Florida 32909

Mary Johnson

Financial Secretary

802 Hamm Street NW, Palm Bay, Florida 32907

(Use attachment if necessary)

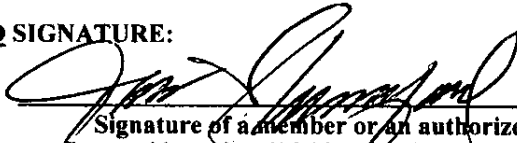
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

Provide affordable housing, entrepreneurialship training (support) and self sustainment. Gtr Allen Developer Corporation, LLC is proposed as not for-profit organization, will not engage in prohibited political and legislative activity under 501(c)(3) and if dissolved: will distribute its assets within its meanings of 501 (c)(3)

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.)

James D. Shackelford

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)