

L15000141070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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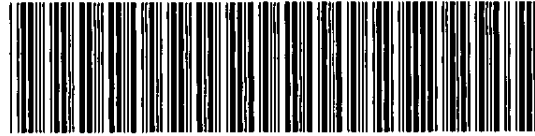
(Business Entity Name)

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2075 Centre Pointe Blvd Ste. 101 Tallahassee, FL 32308

850-205-8842

G2 INTERNATIONAL WELLINGTON, LLC

☐ Nonprofit
☐ Domestic Corporation

☐ Limited Partnership

☒ **LLC**

Formation

☐ Certified Copy

☒ Walk In

☐ Mail Out

☐ Amendment

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

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Order#

9669147

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Amount: \$

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
G2 INTERNATIONAL WELLINGTON, LLC


ARTICLE I – NAME: The name of the limited liability company is G2 INTERNATIONAL WELLINGTON, LLC (the “Company”).

ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is 625 N. Flagler Drive, Suite 402, West Palm Beach, FL 33402. The street address of the principal office of the Company is 625 N. Flagler Drive, Suite 402, West Palm Beach, FL 33402.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT’S SIGNATURE: The name and the Florida street address of the Company’s registered agent are:

Sheryl Fisher
625 N. Flagler Drive, Suite 402
West Palm Beach, Florida 33402

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 in Chapter 605, Florida Statutes.



Sheryl Fisher -- Registered Agent’s Signature

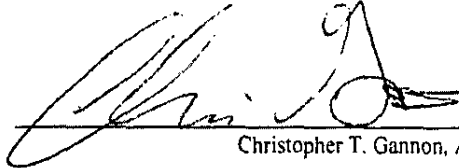
ARTICLE IV – The name and address of the entity authorized to manage and control the limited liability company are:

<u>Title</u>	<u>Name and Address</u>
Member	G2 International, LLC 625 N. Flagler Drive, Suite 402 West Palm Beach, Florida 33401

[Signature on following page]

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REQUIRED SIGNATURE:


Christopher T. Gannon, Authorized Person

(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.)

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