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SECRETARY OF STATE VISION OF CORPORATIONS:

× 09/22/15

## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	GBK60, LLC	
SUBJEC		of Limited Liability Company
The encle	osed Articles of Organization and fe	ee(s) are submitted for filing.
Please ret	turn all correspondence concerning	this matter to the following:
	Karen Mitchell	
		Name of Person
	GBK60, LLC	
		Firm/Company
	1386 Stratford Drive	
		Address
	Clearwater, Florida 33756	
		City/State and Zip Code
	karen@kbmcch.com F-mail address: (to b	be used for future annual report notification)
For further	information concerning this matter	,
	Karen Mitchell	727 480-3165 at ( )
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amoun	ı·
	Filing Fee \$130.00 Filing Fe Certificate of Sta	be & \$155.00 Filing Fee & \$160.00 Filing Fee.
	Mailing Address  New Filing Section  Division of Corporations	Street Address  New Filing Section  Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	Company is:			
GBK60, LLC				
	vith the words "Limited	l Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal c	office of the Lin	nited Liability Company is:	
Principal Office Address:			Mailing Address:	
Will B Stearns III			1386 Stratford Dr. Clearwater, FL 33756	
Karen Mitchell			1386 Stratford Dr. Clearwater, FL 33756	
another business entity with an a The name and the Florida street a	_			
	Karen Mitchell			
Name				
1386 Stratford Drive				
	Florida street address (P.O. Box NOT acceptable)			
	Clearwater	Fl	33756	
	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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	WUD Community
AMBR	Will B. Stearns III 1386 Stratford Dr
	Clearwater, FL 33756
	Clearwater, FL 33730
	· · · · · · · · · · · · · · · · · · ·
AMBR	Karen Mitchell
	1386 Stratford Dr
	Clearwater, Fl 33756
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(Use attachment if necessary)	
If an effective date is listed, the date must be spe he date of filing.)	of tiling:
the document's effective date on the Department of	
PERCURATION OF THE STATE OF THE	
ARTICLE VI: Other provisions, if any.	
<del>"</del>	· · ·
REQUIRED SIGNATURE:	W TI
	Turco )
This document is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Karen Mitchell	
	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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