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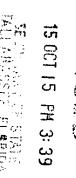
(Requestor's Name)
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OCT 2 1 2015 S. GILBERT

COVER LETTER

*

SUBJECT:	G&S Opportunities LLC
SOBSECT.	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Gordon K McIntyre
•	Name of Person
	Firm/Company
	510 White Oak Avenue
- -	Address
	Brandon, FL 33510
-	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	at ()
-	Name of Person Area Code Daytime Telephone Number
Englosed is	a check for the following amount:
\$125.00 Fil	

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2664 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLOR	IDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	15 OCT 15 PM 3: 39
G&S Opportunities LLC	SECTION OF STATE STATE ARASSEC, FLORIDA
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the principal	of the Limited Liability Company is: Mailing Address:
510 White Oak Avenue	510 White Oak Avenue
Brandon, Fl 33510	Brandon, Fl 33510
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.) The name and the Florida street address of the registered agen	stered Agent. You must designate an individual or

Gordon McIntyre		
	Name	
510 White Oak Ave	enue	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	eceptable)
Brandon	FI	33510
City	State	Zin

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Gordon McIntyre
	510 White Oak Avenue Brandon, Fl 33510
	Dianuon, ri 55510
EV: Effective date, if other than ctive date is listed, the date mu f filing.)	the date of filing: 10/08/2015
ctive date is listed, the date mu f filing.)	st be specific and cannot be more than five business days prior to or 90 d bes not meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than ective date is listed, the date muffiling.) the date inserted in this block donent's effective date on the Dep EVI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 90 d bes not meet the applicable statutory filing requirements, this date will not b
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E V: Effective date, if other than active date is listed, the date must filing.) the date inserted in this block denent's effective date on the Dep E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document I am aware that	st be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not bustment of State's records.
EV: Effective date, if other than active date is listed, the date must filing.) the date inserted in this block donent's effective date on the Dep EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document I am aware that constitutes a thi	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State.
EV: Effective date, if other than active date is listed, the date must filing.) the date inserted in this block donent's effective date on the Dep EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document I am aware that constitutes a thi	of a member or an authorized representative of a member, s executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State degree felony as provided for in s.817.155. F.S.