115000204352

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| · |
| |
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500279559755 12/02/15--01008--007 **130.00

EFFECTIVE DATE

SECRETARY OF STATE

2015 DEC -2 PM 3: 20

COVER LETTER

| TO: **Registration Section Division of Corporations |
|--|
| SUBJECT: GC HOLDINGS, 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: |
| GRANT CONNESS Name of Person |
| 3 |
| GLOBAL WEALTH MANAGEMENT |
| Firm/Company |
| 2810 EAST OAKLAND PARK BLUD., Ste. 101 |
| Address |
| FORT LAUDERDALE, FL 33306 City/State and Zip Code CRANT @ ASKELDBALWEAUTH.COM |
| GRANT @ ASK GLOBALINEAUTH. COM |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Gent Connectat (954) 533.7144 |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{Certified Copy} \\ \text{(additional copy is enclosed)} |
| Mailing Address Street Address New Filing Service New Filing Service |
| New Filing Section New Filing Section Division of Corporations Division of Corporations |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 |

| , ARTICLES OF OR | IGANIZATION FOR FLA | ORIDA LIMITED LIABIL | JTY COMPANY | 2015-01 |
|---|---|---|---|---|
| ARTICLE I - Name: | | | | THE CONTRACTOR |
| The name of the Limited Liability C | ompany is: | | | 麦芽 人 |
| | | | | |
| | Horoines | | | |
| (Must end with | the words "Limited Li | ability Company, "L.L.O | C.," or "LLC.") | |
| | | | | ه کیلید |
| ARTICLE II - Address: | | | | ************************************** |
| The mailing address and street addre | ss of the principal offic | e of the Limited Liabili | ty Company is: | |
| Principal C | Office Address: | | Mailing Address: | |
| 2810 E. | SAKIND PARK | E PI VIA | SAME | |
| <u> </u> | 24 - 411 C | - PCAD | | |
| Gord CALL | DERDAIL, PL | 23206 | | |
| ARTICLE III - Registered Agent, | Registered Office, & I | Registered Agent's Sig | nature: | tual or 12-1-15 |
| (The Limited Liability Company can another business entity with an activ | | | ist designate an individ | fual or |
| The name and the Florida street add | ress of the registered ag | gent are: | | |
| | GRANT | CONNESS | | |
| - | N | lame | | |
| _ | 2810 E. | lame OKLIND PA P.O. Box NOT acceptab | rk Bwa, 5 | le 101 |
| I | Florida street address (P | P.O. Box NOT acceptab | le) | |
| _ | | seonle, fl | | |
| | City | State | Zip | |
| Having been named as registered ager place designated in this certificate, I he further agree to comply with the provis am familiar with and accept the obliga | ereby accept the appoint sions of all statutes relat | tment as registered agen ting to the proper and co | t and agree to act in th mplete performance of | is capacity. I [°] my duties, and I |
| | (1 | ` ^ | | |
| | | | | |
| | Registere | d Agent's Signature (RE | EQUIRED) | |

(CONTINUED)

Page 1 of 2

| Title: "AMRR" = Au | thorized Member | Name and Address: |
|--|--|--|
| "MGR" = Man | | GRANT CONNESS 2810 E. OAKLAND PATK BLUD, BLC. FORT LAWBROALE FL. 33306 |
| | | |
| | | |
| | <u> </u> | |
| | | |
| | | |
| | | |
| (Use attachmei | nt if necessary) date, if other than the date | of filing: 12 2015 (OPTIONAL) |
| ICLE V: Effective affective date is line of filing.) If the date inserted. | date, if other than the date sted, the date must be spe | cific and cannot be more than five business days prior to or 90 days |
| ICLE V: Effective a effective date is li ate of filing.) If the date inserte | date, if other than the date sted, the date must be speed in this block does not me date on the Department of | cific and cannot be more than five business days prior to or 90 days a |
| ICLE V: Effective effective date is li ate of filing.) If the date inserted ocument's effective | date, if other than the date sted, the date must be speed in this block does not me date on the Department ovisions, if any. | cific and cannot be more than five business days prior to or 90 days |
| ICLE V: Effective a effective date is li ate of filing.) If the date inserte ocument's effective ICLE VI: Other pro | date, if other than the date ested, the date must be speed in this block does not me date on the Department of the Depar | ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be list of State's records. |
| ICLE V: Effective a effective date is li ate of filing.) If the date inserte ocument's effective ICLE VI: Other pro | date, if other than the date ested, the date must be speed in this block does not me date on the Department covisions, if any. Signature of a me This document is executed am aware that any false constitutes a third degree | 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. |
| ICLE V: Effective a effective date is li ate of filing.) If the date inserte ocument's effective ICLE VI: Other pro | date, if other than the date ested, the date must be speed in this block does not me date on the Department covisions, if any. Signature of a me This document is executed am aware that any false constitutes a third degree | 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 |