## 11600108924

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
	·	
(Do	ocument Number)	
, and a	,	
Certified Copies	Certificates	s of Status
Octimed dopies		- Clatas
Special Instructions to	Filing Officer.	
	<del> </del>	





000286569320

06/07/16--01023--012 \*\*125.00

16 JUH - 7 PH 12: 15

A TOTAL OF THE PARTY OF THE PAR

6 JUH - 7 PM 1:51.

mim

## **COVER LETTER**

:}-

TO:	Registration Section Division of Corporations		
	GDB Group LLC		
SUBJI	SCI:	imited Liability Company	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	G. Donovan Brown		
		Name of Person	<del></del>
	Brown Consulting LLC		
		Firm/Company	<del></del>
	1314 Silver Moon Ct.		
		Address	_ = ™s
	Tallahassee, FL 32312		6 JUS
	gdb@gdonovan.org	City/State and Zip Code	T-1 538
		d for future annual report notification)	
For furth	er information concerning this matter, plea	ise call:	PRIZ: 1
	Donovan Brown	850 545-8864	o DA
	·	Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:		
	0 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	s &
	Mailing Address  New Filing Section  Division of Corporations	Street Address  New Filing Section  Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

GDB Group (Music	nd with the words "Limited	l Liability Company	, "L.L.C.," or "LLC.")	<u> </u>
ARTICLE II - Address: The mailing address and stree	t address of the principal o	ffice of the Limited	Liability Company is:	
Prine	cipal Office Address:		Mailing Address:	•
1314 Silver Moon	ı Ct.	1314	4 Silver Moon Ct.	
Tallahassee, FL 3.	2312	Talla	ahassee, FL 32312	
ARTICLE III - Registered A				al or
	iny cannot serve as its own in active Florida registratio	Registered Agent. 'on.)	nt's Signature: You must designate an individus	<b>5</b>
(The Limited Liability Compa another business entity with a	iny cannot serve as its own in active Florida registratio	Registered Agent. 'on.)		16 JUH -
(The Limited Liability Compa another business entity with a	iny cannot serve as its own in active Florida registratio eet address of the registered	Registered Agent. 'on.)		16 JUH - 7
(The Limited Liability Compa another business entity with a	iny cannot serve as its own in active Florida registratio eet address of the registered	Registered Agent. \ n.) lagent are:		16 JUH - 7
(The Limited Liability Compa another business entity with a	iny cannot serve as its own in active Florida registration at address of the registered Donovan Brown	Registered Agent. 'n.) l agent are: Name	You must designate an individua	16 JUH -
(The Limited Liability Compa another business entity with a	iny cannot serve as its own in active Florida registratio eet address of the registered  Donovan Brown  1314 Silver Moon Ct	Registered Agent. 'n.) l agent are: Name	You must designate an individua	16 JUH - 7

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 Lof2

······································
<del></del>
<u> </u>
OPTIONAL)
ays prior to or 90 days after
, this date will not be listed a
, who done will not the miles

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

G. Donovan Brown

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)

TALLAMASSESTIORIDA