

L16000173349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

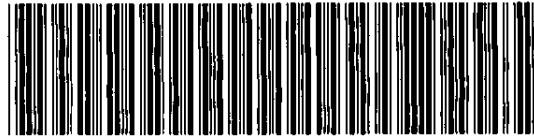
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/16/16--01004--014 **155.00

RECEIVED
16 SEP 16 AM 11:57
SUFFICIENCY OF FILING

16 SEP 16 AM 11:57

RECEIVED
16 SEP 16 PM 3:26

9/16/16

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

9/16

- ☒ **CERTIFIED COPY** _____
- ☐ **PHOTOCOPY** _____
- ☐ **CUS** _____
- ☒ **FILING** LLC _____

1. GSECTEC LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

FILED
SEP 16 2016
TALLAHASSEE, FL

**Articles of Organization
For
GSECTEC LLC
Florida Limited Liability Company**

FILED
16 SEP 19 PM 3:24

ARTICLE I - Name:

The name of the Limited Liability Company is GSECTEC LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

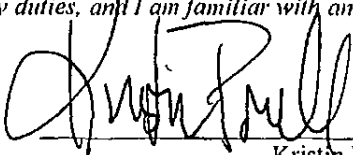
424 E Central Blvd. #514
Orlando, FL 32801

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Legalinc Corporate Services Inc.
5237 Summerlin Commons, Suite 400
Fort Myers, FL 33907

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.



Kristin Prell, Manager

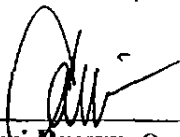
ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Donna Smith
PO BOX 1169
Flagler Beach, FL 32136

Jack Katz
424 E. Central Blvd. #514
Orlando, FL 32801

James Flynn
424 E. Central Blvd. #514
Orlando, FL 32801



Carri Brown, Organizer