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COVER LETTER

TO:	Registration Section Division of Corporations		
CHDIE	Urban Wolf Management LLC		
SUBJE		Limited Liabili	ty Company
The enc	losed Articles of Organization and fee(s)	are submitted	for filing.
Please re	eturn all correspondence concerning this	matter to the f	ollowing:
	Kyle Jason Gellis		
	****	Name of	Person
	G14 Holdings LLC		
		Firm/Co	mpany
	601 Heritage Dr Ste 127		
		Addre	ess
	Jupiter, FL 33458		
	kg@g14holdings.com	City/State and	d Zip Code
	E-mail address: (to be us	sed for future a	nnual report notification)
For furthe	er information concerning this matter, ple	ease call:	
	Kyle J. Gellis	561	308-0695
	Name of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & S160.00 Filing Fee, cd Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Urban Wolf Management LLC	•
(Must end with the words "Limited Liab	lity Company, "L.L.C.," or "LLC.")
FICLE II - Address:	
mailing address and street address of the principal office of the principal of the principal office of the principal office of the principal of the principal office of the pr	of the Limited Liability Company is: Mailing Address:
mailing address and street address of the principal office	
mailing address and street address of the principal office of the principal of the principal office of the principal office of the principal of the principal office office of	<u>Mailing Address</u> :

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

another business entity with an active Florida registration.)

Kyle Jason Gellis		
	Name	
601 Heritage Dr Ste	127	
Florida street addres	ss (P.O. Box NOT ac	cceptable)
Jupiter	FL	33458
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized	Member
MGR" = Manager MGR	G14 Holdings LLC
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	601 Heritage Dr Ste 127
	Jupiter, FL 33458
,	
V: Effective date, if o	other than the date of filing:
V: Effective date, if of ctive date is listed, the filing.) he date inserted in this	other than the date of filing: (OPTIONAL)
V: Effective date, if of ctive date is listed, the filing.) he date inserted in this ent's effective date or	other than the date of filing:
ctive date is listed, the filing.) he date inserted in this	ther than the date of filing:
CV: Effective date, if of ctive date is listed, the filing.) he date inserted in this ent's effective date or course of the cour	ther than the date of filing:
V: Effective date, if of etive date is listed, the filing.) he date inserted in this ent's effective date or VI: Other provisions, S This do I am aw constitution	ther than the date of filing:
CV: Effective date, if of ctive date is listed, the filing.) he date inserted in this ent's effective date or course. CVI: Other provisions, SThis do I am aveconstitution	ther than the date of filing:
V: Effective date, if of tive date is listed, the filing.) ne date inserted in this ent's effective date or VI: Other provisions, EOUIRED SIGNAT S This do I am aw constitution	date must be specific and cannot be more than five business days prior to or a block does not meet the applicable statutory filing requirements, this date will reach the Department of State's records. If any. SURE: Signature of a member or an authorized representative of a member. Socument is executed in accordance with section 605.0203 (1) (b), Florida Statute ware that any false information submitted in a document to the Department of Statutes a third degree felony as provided for in s.817.155, F.S. Kyle J. Gellis