

L16000221758

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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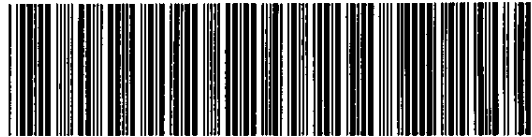
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C. GOLDEN
DEC - 8 2016

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 12/8/16
ACCT. I20160000072

Name:	GSMD Holdings
Document #:	
Order #:	10280642 (2 of 3)

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
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Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GSMD 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:

Ellen Prescott

Name of Person

Burr & Forman LLP

Firm/Company

420 No. 20th St., Ste. 3400

Address

Birmingham, AL 35203

City/State and Zip Code

adaniels@trgjax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen Prescott

205

458-5115

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☒

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GSMD Holdings LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

4932 Sunbeam Road
Jacksonville, Florida 32257

Mailing Address:

4932 Sunbeam Road
Jacksonville, Florida 32257

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Alexa Daniels
Name
One Independent Drive, Suite 3120
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville FL 32202
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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

William F. Galtney, Jr.

820 Gessner Road, Suite 1850

Houston, Texas 77024

MGR

James Michael Drinkwater

4932 Sunbeam Road

Jacksonville, Florida 32257

MGR

Robert L. Stein

One Independent Drive, Suite 3120

Jacksonville, Florida 32202

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Robert L. Stein - a Manager

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)