Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Email Address:

FLORIDA LIMITED LIABILITY CO. **GTB4S LLC**

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	GTB4S LLC T:		
		Limited Liabili	ity Company
The enclo	osed Articles of Organization and fee(s) are submitted	for filing.
Please ret	um all correspondence concerning this	s matter to the f	ollowing:
	Cheyenne Moseley, Legalzooni.com	m, Inc.	
		Name of	Person
	Legalzoom.com, Inc.		
		Fim√Co	mpatty
	101 N. Brand Blvd., 10th Ploor		
		Addre	CS3
	Glendale, CA 91203		
	onlinefilings@Legalzoom.com	City/State and	d Zip Code
	E-mail address: (to be u	ised for future a	nnual report notification)
For further	information concerning this matter, pl	exso call;	
	Cheyenne Moseley	323	962-8600 ext. 7625
	Name of Person	Aren Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
]\$ 125.00 I	Piling Fee \$130.00 Filing Fee & Certificate of Status	Certific	of Filing Fee & \$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 Fallahassee, FL 32314]	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee Fl 32301

Dec 15 17 12:17p

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICIESON	ORCENIZATIO: YEOR		AND TECONOMIC
ARTICLE 1 - Name: The name of the Limited Liability	y Company is:		
GTB4S LLC (Must end v	with the words "Limited	1 Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	office of the Limited L	iability Company is:
<u>Princips</u>	l Office Address:		Mailing Address:
3090 Charles Avenue Clearwater, FL 3376			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent. Yo	's Signature: ou must designate an individual oc
The name and the Florida street a	address of the registere	d agent are:	
	STREETFRONT CO	OMMERCIAL PROP	ERTIES LLC
		Name	
	3090 Charles Ayenu	ie	
	Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
	Clearwater	Florida	33761
	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.

WHEN SHE STREETFLONT COMMENCIAL PROPERTIES LLC

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:		Name and Address:		
	horized Member			
"MGR" = Manaj				
AMBR		William Stephen Stone		
		3090 Charles Avenue		
		Clearwater, FL 33761		
ANATIO		Or I I I		
AMBR		Stephen J. Spencer		
		3090 Charles Avenue Clearwater, FL 33761		
		Clearward, PL 33701		
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		<u></u>		
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(Use attachment	if necessary)			
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