

160000237486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

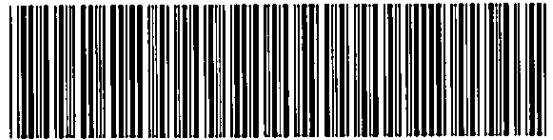
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 OCT 15 PM 1:30

NOTARIAL PUBLIC
STATE OF CALIFORNIA

10/16/18--01012--012 **125.00

2018 OCT 15 PM 4:59
NOTARIAL PUBLIC
STATE OF CALIFORNIA

OCT 16 2018

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GAT DUPLEX, LLC

Signature _____

Requested by: SETH

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- ☒ _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

ARTICLES OF ORGANIZATION FOR GAT DUPLEX, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **GAT DUPLEX, LLC**

FILED
18 OCT 15 PM 1:30
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **4050 NE 1ST AVENUE, SUITE 118, OAKLAND PARK
FL 33334**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **ANGELO & BANTA, P.A., 515 E. LAS
OLAS BLVD., SUITE 850, FORT LAUDERDALE, FL 33301**

ARTICLE IV: MANAGER MANAGED LLC

This LLC shall be Manager Managed and is not member managed.

ARTICLE V: MANAGERS

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

GAVIN BANTA , MANAGER, P.O. BOX 24943, FORT LAUDERDALE, FL 33307

**The undersigned has executed these Articles of Organization for filing purposes this 15th
day of October 2018.**

/S/ GAVIN BANTA

Authorized Representative

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18 OCT 15 PM 1:30
SECRETARY OF STATE
RAILROADS BUILDING
FORT LAUDERDALE, FL 33304

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **GAT DUPLEX, LLC**
2. The name and street address of the registered agent and office is:

**ANGELO & BANTA, P.A.,
515 E. LAS OLAS BLVD., SUITE 850
FORT LAUDERDALE, FL 33301**

FILED
18 OCT 15 PM 1:30
Shirley A. Smith, Secretary
TALLAHASSEE, FLORIDA

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ JAMES W CARPENTER

JAMES W CARPENTER for ANGELO & BANTA, P.A.