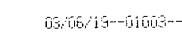
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· · · <u> </u>		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Germical Copies Germicales of Status		
Special Instructions to Filing Officer:		

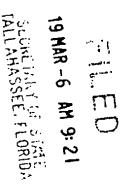
Office Use Only





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N CULLIGAN MAR 1 4 2019

COVER LETTER

7.7

	ew Filing Section ivision of Corporations
SUBJECT	GMCH LLC
30131261	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Gracemary C) Jarrison Name of Person
	Grace Mary C Narrison
	Firm/Company
	70 BILLO WOU DEILE
	Address
	Sa Nta Rosa Beach, 1 = 32459
	City built and Exp Code
_	gracecharcisonehotmail.com
	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
6	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
]\$ 125.00 Fi	Certificate of Status Certified Copy (additional copy is enclosed) \$150.00 Filing Fee, 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

ARTICLE 1 - Name:			
The name of the Limited Lia	bility Company is:		
	GMCH L	1 C.	
(Must o	contain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")	
	•		
ARTICLE II - Address: The mailing address and stre	et address of the principal office of the Li	mited Liability Company is:	
Prin	ncipal Office Address:	Mailing Address:	
7/2 13/46 1	chus SrivE	-70 RIVE WAVE Drive	
Santa Ro	5a Beach, FL 32459	30 Blue while Drive	I 3245
 			
(The Limited Liability Comp	Agent, Registered Office, & Registered oany cannot serve as its own Registered A an active Florida registration.)	Agent's Signature: gent. You must designate an individual or	
The name and the Florida str	reet address of the registered agent are:	IA	್ಷ
	Grace House	C. Ha Chinan	9 MAR -6 AM 9: 21
	Name	C. Harrison P. F.	<u> </u>
	~7 10 72 1	OT recentable)	်္ကြတ် 🗓
	Florida street address (P.O. Box N	OT acceptable)	도 로
		T. Andrew FLO	% [# 9: 2
	<u>Senta Rosa Beach</u> City State	- FL 02439 3	돌 2
	City State	A P	• • -
place designated in this certific further agree to comply with th	cate, I hereby accept the appointment as re the provisions of all statutes relating to the p the obligations of my position as registered o		ity. I
	Registered Agent's	ry C. Harrison Signature (REQUIRED)	
	- Megistered Agent 5	algument (VECOUNTO)	

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMBR	Grace Mary C. Shrrison 70 BLUE WAVE DRIVE SANTA BOSA BEACH, FL 32459		
	PV: 79		
	255		
	2		
(Use attachment if necessary)			
(If an effective date is listed, the date must be specifithe date of filing.)	filing:		
REQUIRED SIGNATURE:			
L 1	are may C. Harrison		
This document is executed I am aware that any false in	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.		
<u> </u>	yped or printed name of signee		
	Filing Fees:		
	tization and Designation of Registered Agent		
30.00 Certifled Copy (Optional) 5.00 Certificate of Status (Optional)			

as

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