Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H190000936203)))



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To:

Division of Corporations

Fax Number : (950) 617-6381

From:

: FILE RIGHT LLC Account Name Account Number : 120170000091 : (718)878-5811 : (719)732-4580 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

sales@fileacorp.com

# FLORIDA LIMITED LIABILITY CO. GB DEALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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# **COVER LETTER**

	New Filing Section Division of Corporations
SUBJEC	GBDEALSLLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Name of Person
	FILERIGHTLLC
	Firm/Company
	531416THAVENUESUTTE139
	Address
	BROOKLYN,NY11204
	City/State and Zip Code sales@fileacorp.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please eall:
	RACHEL. 718 878-5811
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
S125.00	FilingFee S130.00FilingFee& S155.00FilingFee& S160.00 Filing Fee, CertificateofStatus (additionalcopyisenclosed) CertificateofStatus& CertifiedCopy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

fax reference H19000093620 3

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

GB DEALS LLC

(Must contain 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:

Mailing Address:

6601 LYONS ROAD E6 COCONUT CREEK FL 33073 6601 LYONS ROAD E6 COCONUT CREEK FL 33073

### 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:

BUSINESS FILINGS INCORPORATED

Name

1200 SOUTH PINE ISLAND ROAD

Florida street address (P.O. Box NOT acceptable)

PLANTATION FL 33326

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.

Autria Gauleago, Osst Sec Business Filings Treorporated
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Titki</u>		Name and Address:
	Authorized Member	
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		COCONUTCREEKFL33073
AMBR	·	ASHERBLUMEBERG
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\$ 5.00 Certificate of Status (Optional)