

# L19000115384

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

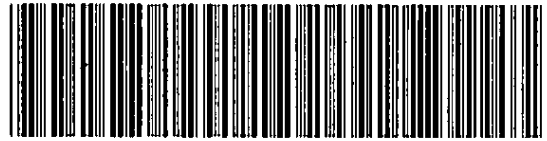
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000328263310

04/26/19--01033--010 \*\*130.00

FILED  
19 APR 26 AM 11:30  
STATE  
TALLAHASSEE FLORIDA

N CULLIGAN

MAY 7 2019

23 April 2019  
New Filing Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern,

Attached please find my Articles of Organization and check for \$130.00 (fee and certificate) for GFBeard Consulting, LLC.

If you have any questions, please contact me.

Thank you,

A handwritten signature in black ink that reads "Galand Beard". The signature is written in a cursive style with a large, looped initial "G".

Galand Beard  
3515 Sunset Ridge Drive  
Merritt Island, Florida 32953  
321-459-0859

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** GFBeard Consulting, 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:

Galand Beard  
\_\_\_\_\_  
Name of Person  
  
GFBeard Consulting, LLC  
\_\_\_\_\_  
Firm/Company  
  
3515 Sunset Ridge Drive  
\_\_\_\_\_  
Address  
  
Merritt Island, Florida 32953  
\_\_\_\_\_  
City/State and Zip Code  
  
gfbeard@brighthouse.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Galand Beard                      321                      459-0859  
\_\_\_\_\_  
Name of Person                      at (                      )                      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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GFBear Consulting, 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:

3515 Sunset Ridge Drive  
Merritt Island, Florida 32953

3515 Sunset Ridge Drive  
Merritt Island, Florida 32953

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:

Galand Beard  
Name

3515 Sunset Ridge Drive  
Florida street address (P.O. Box **NOT** acceptable)

Merritt Island                      Florida                      32953  
City                                      State                                      Zip

FILED  
19 APR 26 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

*Galand Beard*  
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:**  
Galand Beard  
3515 Sunset Ridge Drive  
Merritt Island, Florida 32953

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
19 APR 26 AM 11:30

(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.

Galand Beard  
\_\_\_\_\_  
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)