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2019 JUN 27 AM 8: 39 SECHELARY OF STATE

## COVER LETTER

	ew Filing Section ivision of Corporations			
SUBJECT:	GCBP Equip Leasing, LLC			
SUBJECT	Name of Limited Liability Company			
The enclose	ed Articles of Organization and fee(s) are submitted for filing.			
Please retur	rn all correspondence concerning this matter to the following:			
	Kathleen Diedrich			
	Name of Person			
	STA Implementation Services, LLC			
	Firm/Company			
	1250 Barelay Blvd			
	Address			
	Buffalo Grove, IL 60089			
	City/State and Zip Code			
_	E-mail address: (to be used for future annual report notification)			
For further in	formation concerning this matter, please call:			
	Kathleen Diedrich 877 894-0073			
-	Name of Person Area Code Daytime Telephone Number			
Enclosed is	a check for the following amount:			
\$125.00 Fil	ling Fee \$\int \text{\$\subset}\$130.00 Filing Fee & \text{\$\subset}\$\$\text{\$\subset}\$\$\text{\$\subset}\$\$\text{\$\subset}\$\$\text{\$\subset\$}\$\$\text{\$\subset}\$\$\text{\$\subset}\$\$\text{\$\subset}\$\$\text{\$\subset\$}\$\$\tex			
	Mailing Address Street Address			

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GCBP Equip Leasing, LLC (Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
he mailing address and street address of the principal offic	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3350 McLemore Dr.	3350 McLemore Dr.
Pensacola, FL 32514	Pensacola, FL 32514

Raymond P. Mayer

Name

3350 McLemore Dr.

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

Pensacola, FI. 32514

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 relative 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..

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(CONTINUED)

gent's Signature (REQUIRED)

OU9 JUN 27 AM 8: 3:

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Raymond P. Mayer
MOK	3350 McLemore Dr.
	Pensacola, FL 32514
	Tensacora, Fib See Fi
<del></del>	
(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 an	d 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	
ARTICLE VI: Other provisions, if any.	
$\sim$	
REQUIRED SIGNATURE	
Signature of a member of	ran authorized representative of a member.
	ecordance with section 605.0203 (1) (b), Florida Statutes.
1 am aware that any false inform	ation submitted in a document to the Department of State
constitutes a third degree felony	as provided for in s.817.155, F.S.
Kaymoud f	d or printed name of signee
Typer	for printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)