L19000213073

(J	Requestor's Name)	
`ii.	Address)	
(,	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
((Business Entity Name)	· · · · · · · · · · · · · · · · · · ·
<u> </u>	Document Number)	·
Certified Copies	Certificates of 3	Status
Special Instructions	to Filing Officer:	
±.		

Office Use Only



300333794023

08/28/19--01001--013 **180.00

19 AUG 27 FN 4: 01

THE THE COURSE

COVER LETTER

	v Filing Section ision of Corporations	
SUBJECT:	GB Maintne Name of Limite	mce 3 Renovations LLC ad Liability Company
The encloses	d Articles of Organization and fee(s) are s	ubmitted for filing.
Please return	n all correspondence concerning this matte	er to the following:
	Hunter Al	HON Green Name of Person
	502 DRAKE	ACRES RD
-	Hur	y/State and Zip Code y-State and y-State and y-Stat
For further i	nformation concerning this matter, please	call:
H	unter Green au	250) 354-1394 ea Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
	Filing Fee \$\int\\$130.00\text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32344	Street Address New Filing Section Division of Corporations Clition Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

А	RT	ICI	F 1	- (N)	1 121 6: 7

The name of the Limited Liability Company is:

GB Maintnance & Renovations 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:
7 silky Court	7 Silky Court 30327 (rawfordyille #130307
crawtorduille F1	5232+

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:

Hunter Creen

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

crawford ville FL 32327

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

PIIS AUG 27 PH 4: I

l'itle:		Name and Address:
'AMBR" = Auth 'MGR" = Mana		
· · · · · · · · · · · · · · · · · · ·		
MABT	λ	Huster Green
, (<u>x</u> , , , _	<u> </u>	7 SIRY COURT Crewfordville FL 32327
		crewtorduille FL 3/3L/
-		
E V: Effective (ective date is lis	ted, the date must be specific a	g:
E V: Effective of ective date is list of filing.) the date insertement's effective	date, if other than the date of filin ted, the date must be specific a d in this block does not meet the date on the Department of Stat	nd cannot be more than five business days prior to or 90 e applicable statutory filing requirements, this date will no
E V: Effective (ective date is lis of filing.) the date inserte	date, if other than the date of filin ted, the date must be specific a d in this block does not meet the date on the Department of Stat	nd cannot be more than five business days prior to or 90 e applicable statutory filing requirements, this date will no
E V: Effective of ective date is list of filing.) the date insertement's effective	date, if other than the date of filin ted, the date must be specific a d in this block does not meet the date on the Department of Stat visions, if any.	nd cannot be more than five business days prior to or 90 e applicable statutory filing requirements, this date will no
E V: Effective dective date is list of filing.) the date insertement's effective E VI: Other pro	date, if other than the date of filin ted, the date must be specific a d in this block does not meet the date on the Department of Stat visions, if any.	nd cannot be more than five business days prior to or 90 e applicable statutory filing requirements, this date will no e's records.
E V: Effective dective date is list of filing.) the date insertement's effective E VI: Other pro	date, if other than the date of filin ted, the date must be specific a d in this block does not meet the date on the Department of Stat visions, if any. IGNATURE:	and cannot be more than five business days prior to or 90 e applicable statutory filing requirements, this date will no e's records. After Creen or an authorized representative of a member.
E V: Effective dective date is list of filing.) the date insertement's effective E VI: Other pro	date, if other than the date of filin ted, the date must be specific a d in this block does not meet the date on the Department of Stat visions, if any. IGNATURE: Signature of a member This document is executed in Lam aware that any false infor	e applicable statutory filing requirements, this date will no e's records. After Creen or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of Statutes.
E V: Effective dective date is list of filing.) the date insertement's effective E VI: Other pro	date, if other than the date of filin ted, the date must be specific a d in this block does not meet the date on the Department of Stat visions, if any. IGNATURE: Signature of a member This document is executed in Lam aware that any false infor	e applicable statutory filing requirements, this date will no e's records. After Creen or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes.
E V: Effective dective date is list of filing.) the date insertement's effective E VI: Other pro	date, if other than the date of filin ted, the date must be specific a d in this block does not meet the date on the Department of Stat visions, if any. IGNATURE: Signature of a member This document is executed in 1 am aware that any false infor constitutes a third degree felor.	e applicable statutory filing requirements, this date will no e's records. After Creen or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of Statutes.
E V: Effective dective date is list of filing.) the date insertement's effective E VI: Other pro	date, if other than the date of filin ted, the date must be specific a d in this block does not meet the date on the Department of Stat visions, if any. IGNATURE: Signature of a member This document is executed in 1 am aware that any false infor constitutes a third degree felor Typ	or an authorized representative of a member, accordance with section 605.0203 (1) (b). Florida Statutes, mation submitted in a document to the Department of Statutes as provided for in s.817.155, F.S.