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| (Re | equestor's Name) | |
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| | ldress) | |
| (۸۵ | idiess) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | - |
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Office Use Only



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COVER LETTER

| то: | Registration Division of 0 | i Section Corporations | | |
|-------------------|-------------------------------|--|---|---|
| SUBJE | ECT: <u>Gener</u> a | at Projects and Maintenand Name of Lin | ce LLC mited Liability Company | |
| | | of Organization and fee(s) a | - | |
| | <u>Charles</u> | Garman | Name of Person | |
| | Gan | eral Instects | and Maitenan Firm/Company | ce LLC |
| | 2904 NV | V 128th Road | Address | ··· |
| | <u>Gainesv</u> | ille, FL 32609 | Tity/State and Zip Code | |
| مز | eedgpm@gm | ail.com E-mail address: (to be use | d for future annual report notification | ation) |
| For fur | ther information | on concerning this matter, ple | ase call: | |
| Charle | es Garman Nar | at (at (at (| 352) 316-8721 Area Code Daytime Te | lephone Number |
| Enclos | ed is a check fe | or the following amount: | | |
| □ \$ 125.0 | 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) |
| | | iling Address | Street/Courier Add Registration Section | <u>ress</u> |

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

Registration 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: | | | | |
|--|---|--------------------------|-----------------------|--------------------|
| General Projects and Maintenance LLC (Must end with the words "Limi | ited Liability Company, "L.L.C.," or "I | LLC.") | <u> </u> | |
| ARTICLE II - Address: The mailing address and street address of the principal | al office of the Limited Liability Comp | any is: | | |
| Principal Office Address: | Mailing Address: | | | |
| 2904 NW 128th Road Gainesville, FL 32609 | 2904 NW 128th Road Gainesville, FL 32609 | | _ | |
| ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registra The name and the Florida street address of the register | own Registered Agent. You must designation.) | | vidual o | Or |
| Charles Garman Na | ame | | | |
| 2904 NW 128th Road Florida street address (P.O. | Box NOT acceptable) | | | |
| Gainesville | FL 32609 | | | |
| City | Zip | | | |
| Ma | ecept the appointment as registered age ons of all statutes relating to the proper | nt and agree and comple | e to act ete perfo | in this ormance |
| (CONTI | NUED) | SECRE IX TALL AH | 2019 SEP - | |
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| itle: | Name and Address: |
|---|---|
| MBR" = Authorized Member | - |
| 1GR" = Manager | |
| MBR | Charles Garman |
| | 2904 NW 128th Road |
| | Gainesville, FL 32609 |
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| ise attachment if necessary) | |
| tive date is listed, the date must be | ate of filing; |
| V: Effective date, if other than the d tive date is listed, the date must be filing.) | specific and cannot be more than five business days prior to or 90 |
| V: Effective date, if other than the d tive date is listed, the date must be filling.) VI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 |
| V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: | specific and cannot be more than five business days prior to or 90 |
| V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: | specific and cannot be more than five business days prior to or 90 |
| V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u | member or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. |
| V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in | member or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State |
| V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in | member or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. |
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| V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in | member or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this document nder the penaltics of perjury that the facts stated herein are true, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.) |
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