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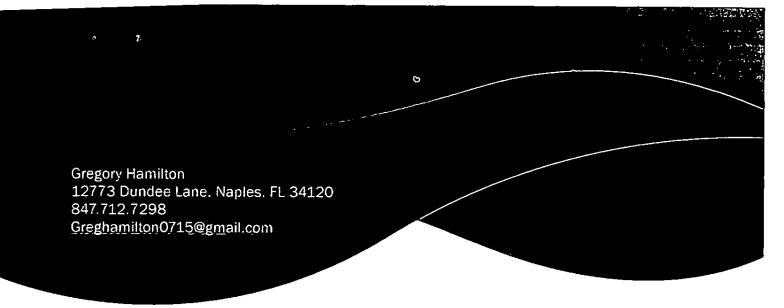


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Florida Department of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Recipient,

Enclosed please find the forms for filing Articles of Organization for the establishment of a Florida Limited Liability Company along with the required check in the amount of \$125.00.

Should you have any questions regarding the filing please contact me at either (847) 712-7298 or by e:mail at greghamilton0715@gmail.com.

Warm regards,

Gregory Hamilton

Managing Director

COVER LETTER

TO:	New Filing Section Division of Corporations								
SUBJI	GBH Financial, LLC								
30131		of Limited Liabil	ity Company						
The en	eclosed Articles of Organization and fee	(s) are submitted	for filing.						
Please	return all correspondence concerning t	his matter to the (ollowing:						
	Gregory R. Hamilton								
		Name of	Person						
	GBH Financial, LLC								
		Firm/Co	mpany						
	12773 Dundee Lane								
		Addı	css						
	Naples, FL 34120								
		City/State an	d Zip Code						
	greghamilton0715@gmail.com	used for fitting	unnual report notificat	ion					
			umuai report nouricat	lou <i>)</i>					
For furth	her information concerning this matter,	please call:							
	Gregory R. Hamilton	(847) at (712.7298						
	Name of Person	Area Code	Daytime Telephon	e Number					
Enclos	ed is a check for the following amount								
■ \$12.	5.00 Filing Fee	us Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
	Mailing Address		Street Address						
	New Filing Section		New Filing Section D						
	Division of Corporations		The Centre of Tallaha	issee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability	Company is:					
GBH Financial, LLC						
(Must conat	n the words "Limited	Liability Con	npany, "L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and street add	tress of the principal o	office of the L	imited Liability Company is:			
<u>Principa</u>	Office Address:		Mailing Address:			
CDU Financial LLC			GBH Financial, LLC			
GBH Financial, LLC 12773 Dundee Lane			12773 Dundee Lane			
Naples, FL 34120			Naples, Fl. 34120			
1147103:1120			1145705,11251125			
The name and the Florida street as	Gregory Hamilton					
		Name				
	12773 Dundee Lane					
	Florida street addres	NOT acceptable)				
	Naples	FL	34120			
	City	State	Zip			
place designated in this certificate, I further agree to comply with the pro	hereby accept the app visions of all statutes r	ointment as re relating to the	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S.			
	Line	e, Rd	hanti			
	Regis	tered Agent's	Signature (REQUIRED)			

(CONTINUED)

ARTICLE IV-

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

	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Gregory R Hamilton 12773 Dundee Lane	
	Naples, FL 34120	
MGR	Barbara H Hamilton	
	12773 Dundee Lane	
	Naples. FL 34120	
		
(Use attachment if necessary)		
THE W. Properties days to stand the days of	of filing: (OPTIONAL	
cument's effective date on the Department of CLE VI: Other provisions, if any.		
	,	
REQUIRED SIGNATURE:		
Congra	a chant	
Cmm Signature of a men	nber or an authorized representative of a member.	
Signature of a men This document is execute	nber or an authorized representative of a member. Ed in accordance with section 605.0203 (1) (b), Florida Sta	atutes.
Signature of a men This document is execute I am aware that any false i	nber or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Statisformation submitted in a document to the Department of	atutes. f State
Signature of a men This document is execute I am aware that any false i constitutes a third degree	nber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statisformation submitted in a document to the Department of felony as provided for in s.817.155, F.S.	f State
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