

L20000054892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100340358801

02/18/20--01005--005 \*\*160.00

**COVER LETTER**

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

**SUBJECT:** GTT ENTERPRISES 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:

GENE J. DEL BIANCO

Name of Person

GTT ENTERPRISES LLC

Firm/Company

6833 S. SHAMROCK ROAD

Address

TAMPA, FLORIDA 33616

City/State and Zip Code

ginbai@aol.com

E-mail address: (to be used for future annual report notification)

2020 FEB 18 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

Gene J. Del Bianco      703      678-9840  
at (      )  
Name of Person      Area Code      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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GTT ENTERPRISES 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:

6833 S. SHAMROCK ROAD  
TAMPA, FLORIDA 33616

Mailing Address:

6833 S. SHAMROCK ROAD  
TAMPA, FLORIDA 33616

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:

GENE J. DEL BIANCO

Name

6833 S. SHAMROCK ROAD

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

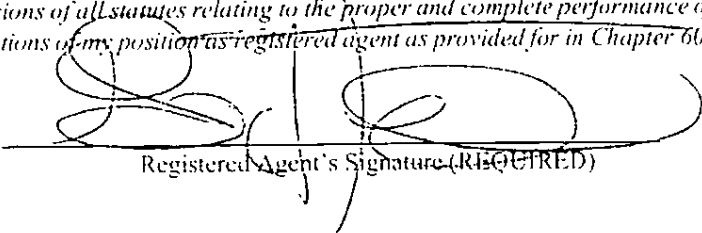
TAMPA, FL 33616

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 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)

**FILED**  
2020 FEB 18 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

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 \_\_\_\_\_

GENE J. DEL BIANCO  
6833 S. SHAMROCK ROAD  
TAMPA, FLORIDA 33616

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

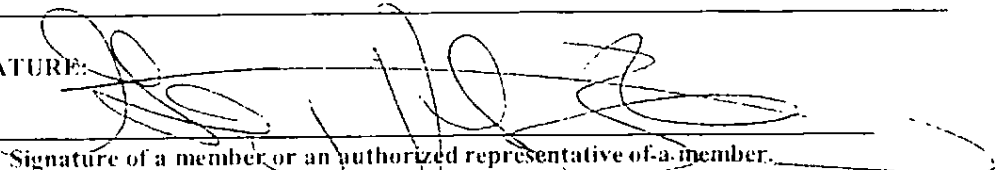
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

GENE J. DEL BIANCO

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)

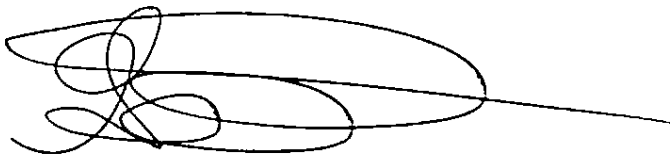
FILED  
2020 FEB 18 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

February 2, 2020

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314  
Mr. W. Lawrence:

In regards to the enclosed letter (Letter Number: 82A00001914), Reference Number: W20000007500) sent by your office dated January 27, 2020, please see the attached check for \$160.00 for Filing Fee, Certificate of Status & Certified Copy. This check was inadvertently not included along with the original filing documents. This check is for GTT ENTERPRISES LLC, not the GIT ENTERPRISES LLC which was twice incorrectly referenced in the letter dated January 27, 2020 from your office. (Also, the documents originally submitted selected the \$125.00 payment option, but we have now amended the enclosed documents to reflect the \$160.00 payment option.) Please let us know if your office requires any additional documents or information regarding GTT ENTERPRISES LLC.

Thank you for your assistance in this matter.



Gene Del Bianco  
President  
GTT Enterprises LLC

RECEIVED  
2020 FEB -7 AM 11:32  
DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES