<u> 20017054</u>

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COVER LETTER

• TO: (New Filing Se Division of C				•
SUBJEC	GADSON	5 TRANSPORTATION I	LLC		
o o b o p, c		Name of Li	mited Liabi	lity Company	·
The encl	osed Articles o	f Organization and fee(s) a	re submitte	I for filing.	
Please re	turn all corresp	ondence concerning this m	atter to the	tollowing:	
	MICHELE	NE TALEGRAND			
			Name of	Person	-
	365 BIZ FII	LING INC			
			Firm/Co	inpany	
	5950 OKEE	CHOBEE BLVD.			
			Addi	ess	
	WEST PAL	M BEACH, FL 33417			
	gadson5trans	Contation@gmail.com	lity/State an	d Zip Code	
		E-mail address: (to be used	for future a	nnual report notifica	ion)
For further	information co	ncerning this matter, please	e call;		
	Micheleine	56 at (3519260)	
	Nam			Daytime Telephor	ne Number
Enclosed i	is a check for t	ne following amount:			
□\$125.0d) Filing Fee	■S130.00 Filing Fee & Certificate of Status	Certific	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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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:	
GADSON 5 TRANSPORTATION LLC	
(Must contain the words "Limited Liab	nlity Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1001 W 36TH STREET WEST PALM BEACH, FL 33407	PO BOX 20462 WEST PALM BEACH, FL 33416

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:

365 BIZ FILING INC		
	Name	
5950 OKEECHOBEE	BLVD.	
Florida street address	(P.O. Box NOT a	cceptable)
WEST PALM BEACH	I FL	33417
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..

(CONTINUED)

Hospitan 3105 B12 Filing INC.
(Registered Agent's Signature (REQUIRED)

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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 <u>AMBR</u> LOCEM, GADSON P.O. BOX 20462 WEST PALM BEACH, FL 33416 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 06/22/2020 _. (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.

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)