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((H20000212453 3)))



H20000212453ABCT

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : HARROD PROPERTIES INC.  
Account Number : I20200000020  
Phone : (813) 229-1500  
Fax Number : (813) 221-1570

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: GREGMCCRANIE C @MAIL.COM

**FLORIDA LIMITED LIABILITY CO.  
GAM VENTURES LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |

Facsimile Audit Number: H20000212453**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - NAME**GAM VENTURES LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - ADDRESS**PRINCIPAL OFFICE ADDRESS:GAM VENTURES LLC3581 COUNTRY POINTE PLACEPALM HARBOR, FL 34684MAILING ADDRESS:GAM VENTURES LLC3581 COUNTRY POINTE PLACEPALM HARBOR, FL 34684**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

(THE LIMITED LIABILITY COMPANY CANNOT SERVE AS ITS OWN REGISTERED AGENT.)

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE:

GREGORY A. MCCRANIE3581 COUNTRY POINTE PLACEPALM HARBOR, FL 34684

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)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE IV - NAME AND ADDRESS OF THOSE AUTHORIZED TO MANAGE AND CONTROL THE LLC.

TITLE:

"AMBR"=AUTHORIZED MEMBER

"MGR" = MANAGER

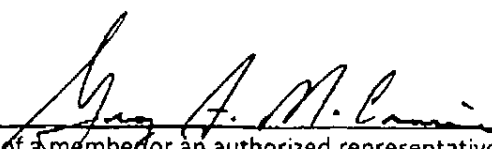
NAME AND ADDRESS:

AMBR

GREGORY A. McCRANIE

## ARTICLE V - EFFECTIVE DATE, IF OTHER THAN THE DATE OF THIS FILING:

(OPTIONAL)

REQUIRED SIGNATURE:  
Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 91) (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.

GREGORY A. McCRANIE

TYPE OF PRINTED NAME OF SIGNEE

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2020 JUN -7 AM 10:49  
TALLAHASSEE, FLORIDA