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COVER LETTER

	Division of Corporations		
SUBJEC	GP INTELLECTUAL HOLD	INGS, LLC	
SOBJEC	- · 	e of Limited Liability Company	
The enclo	osed Articles of Organization and fe	ee(s) are submitted for filing.	
Please rea	num all correspondence concerning	this matter to the following:	
	SHANE Q MALOY		
		Name of Person	
		Firm/Company	
	1317 EDGEWATER DR, SUIT	·	
		Address	
	ORLANDO, FL 32804		
	LEGAL@GABRIELLAPLANTS	City/State and Zip Code	
		e used for future annual report notification)	
For further	information concerning this matter,	piease call:	
	SHANE Q MALOY	407 671-6305	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount	:	
≣\$125.00	Filing Fee \$130.00 Filing I Certificate of State	us Certified Copy Certi (additional copy is enclosed) Certi	60.00 Filing Fee, ficate of Status & fied Copy and 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 8 Tallahassee, FL 32303	10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ob				
	AL HOLDINGS, LLC			
(Must con	tain the words "Limited I	Liability Com	pany, "L.L.C.," or "LLC.")	
RTICLE II - Address:				
ne mailing address and street a	address of the principal of	fice of the Lir	nited Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Address:	
1317 EDGEWATER	R DR		1317 EDGEWATER DR	
SUITE 944				
ORLANDO, FL 328 ETICLE III - Registered Age the Limited Liability Company	ent, Registered Office, &	Registered Ag	SUITE 944 ORLANDO, FL 32804	
ORLANDO, FL 328 RTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & cannot serve as its own lactive Florida registration	Registered Ag n.)	SUITE 944 ORLANDO, FL 32804 Agent's Signature:	
ORLANDO, FL 328 RTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & cannot serve as its own lactive Florida registration address of the registered	Registered Ag n.) agent are:	SUITE 944 ORLANDO, FL 32804 Agent's Signature:	
ORLANDO, FL 328 RTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & cannot serve as its own lactive Florida registration	Registered Ag u.) agent are: Her	SUITE 944 ORLANDO, FL 32804 Agent's Signature:	
ORLANDO, FL 328 RTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & cannot serve as its own lactive Florida registration address of the registered	Registered Ag n.) agent are:	SUITE 944 ORLANDO, FL 32804 Agent's Signature:	
ORLANDO, FL 328 RTICLE III - Registered Age	ent, Registered Office, & cannot serve as its own l active Florida registration address of the registered Kelly Mi	Registered Ag u.) agent are: Her	SUITE 944 ORLANDO, FL 32804 Agent's Signature: ent. You must designate an individual o	
ORLANDO, FL 328 RTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & cannot serve as its own l active Florida registration address of the registered Kelly Mi	Registered Ag i.) agent are: Iller Name gewater Di	SUITE 944 ORLANDO, FL 32804 Agent's Signature: ent. You must designate an individual o	
ORLANDO, FL 328 RTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & cannot serve as its own lactive Florida registration address of the registered Kelly Mi	Registered Ag i.) agent are: Iller Name gewater Di	SUITE 944 ORLANDO, FL 32804 Agent's Signature: ent. You must designate an individual o	

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)

Registered Agent's Signature (REQUIRED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	SHANE Q MALOY
MOR	1317 EDGEWATER DR SUITE 944
	ORLANDO, FL 32804
	
(Use attachment if necessary)	
the date of hing.)	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
REOUIRED SIGNATURE:	- MIA
Signature of a	member or an authorized representative of a member.
i nis document is exe	cuted in accordance with section 605 0203 (1) (b) Florida Stanites
I am aware that any is	alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
SHANE Q MA	ALOY
•	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 (Opti	onal)
	·····,

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

ARTICLE IV-