Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000312830 3)))



H200003126303ABCT

To:			17	(
	Division of Con	rnocations	<b>克</b> 瓦	
		: (850)617-6381	10 1 10 1	
		(000)02.	771.	
From:				
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.		
	Account Number	: I20000000019	*	
	Phone	: (305)552-5973	- •	
	Fax Number	: (305)675-5944		
anr	the email address nual report maili mil Address:	s for this business entity to be used for angs. Enter only one email address please.	future ••	
		<del></del>	<del></del>	

## GC STRATEGY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED 2020 SEP -9 PM 4:52 711 - 15 (2.2)

	OS MASSES IN THE
ARTICLES OF ORGANIZATION 1	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	·
The name of the Limited Liability Con	ipany is:
GC Strategy, LLC	
(Must end with the words "Limited Liability Compr	iny, "Limited Company" or their abbieviation "LLC," or "L.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:
2451 Brickell Avenue, Apt 20M	2451 Brickell Avenue, Apr 20M
Mlemi, FL 33129	Miami, FL 33129
business entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You must designate an individual or another  of the registered agent are:
Guillermo Chavez Ac	iullar
	Nume:
2451 Brickell Avenu	ue, Apt 20M
Florida	street address (P.O. Box NOT acceptable)
Miami	PL 33129
Cit	y, State, and Zip
registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 60%, F.S.,

's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Guillermo Chavez Aguillar
	2451 Brickell Avenue, Apt 20M
	Miami, FL 33129
<u> </u>	
	<u> </u>
	<del></del>
(Use attachment if necessary)	
F.V. F. F. F. F. F. Continue of the state of	date of filing: September 8, 2020 (OPTIO
fective date is listed, the date must be days after the date of filing.)	e sheetile was cannot be inola tusii like baswess (
REQUIRED SIGNATURE:	of an authorized representative of a member.