L20000314863

(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

To Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST_DATE 10/13/2020

PRIORITY Routine

OUR REF_#_(Order_ID#) 856873

ORDER ENTITY

GDR 3950 N DEAN ROAD INVESTMENTS LLC

PLEASE PERFORM THE FOLLOWING SERVICES: GDR 3950 N DEAN ROAD INVESTMENTS LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: amitzelfelt@heinzlaw.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, October 13, 2020 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	toad Investment LLC	Liability Comp	pany, "L.L.C.," or "LLC.")	
The mailing address and street ad	dress of the principal	office of the Lir	nited Liability Company is:	
Principal Office Address:			Mailing Address:	
13596 Sunset Lakes Cir.			13596 Sunset Lakes Cir.	
Winter Garden, FL 34787			Winter Garden, FL 34787	
The name and the Fiorida street address of the registered agent are: Incorporating Services, Ltd. Name 1540 Glenway Drive				
	Florida street addres		OT acceptable)	
	Tallahassee	FL	32301	
	City	State	Zip	
place designated in this certificate, I further agree to comply with the pro	hereby accept the app visions of all statutes r	ointment as reg cluting to the pr as registered us Hva	or the above stated limited liability company at the istered agent and agree to act in this capacity. I oper and complete performance of my duties, and I gent as provided for in Chapter 605, F.S.,	

(CONTINUED)

2020 OCT 14 AM 11: 36

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
(Use attachment if necessary)	
f an effective date is listed, the date must be sported attentions.) Lote: If the date inserted in this block does not n	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a
ne document's effective date on the Department of RTICLE VI: Other provisions, if any.	of State's records.
REQUIRED SIGNATURE:	
This document is execut I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Eric A. Heinz, A.	uthorized Representative 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)