Division of Corporations Electronic Filing Cover Sheet

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To:		 3 ·
	Division of Corporations	\vec{A}_{i}
	Fax Number : (850)517-6381	
From:		:

Account Name : GINN & PATROU, PA
Account Number : I20190000124
Phone : (904)461-3000
Fax Number : (844)730-9828

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

٩	Email	Address:	
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_	347.		

FLORIDA LIMITED LIABILITY CO.

GP 13th Street, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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COVER LETTER

	Sew Filing Sec Division of Co				
SUBJEC ⁻	GP 13th Si	reet, LLC			
	.,	Name of Lir	nited Liabili	ty Company	
The enclos	sed Articles of	Organization and fee(s) ar	e submitted	for filing.	
Please retu	ım all correspo	ondence concerning this ma	atter to the f	ollowing:	
	John R Ginn	, Esq.			
		 	Name of	Person	
	Ginn & Patr	ou, PA			
	-		Firm/Co	mpany	· ·
	17 13th Stre	et			
			Addr	285	
	St. Augustin	e, FL 32080			
	info@ginnpat		ity/State and	d Zip Code	
	<u> </u>	E-mail address: (to be used	for future a	nnual report notificat	ion)
For further i	nformation co	ncerning this matter, please	call:		
	John Ginn)4	461-3000)	
	Nam		rea Code	Daytime Telephor	e Number
Enclosed i	s a check for t	ne following amount:			
≣\$125.0 0) Filing Fee	□S130.00 Filing Fee & Certificate of Status	Certifie	5.00 Filing Fee & ed Copy Il copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	a Address		Street 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 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability	Company is:					
GP 13th Street, LLC						
(Must conta	in the words "Limited"	Liability Company	v, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limite	d Liability Company is:			
Principa	l Office Address:		Mailing Addres	<u>ss</u> :		
17 13th Street St. Augustine, FL 320	80		13th Street Augustine, FL 32080	<u> </u>		
ARTICLE III - Registered Ages (The Limited Liability Company another business entity with an action of the name and the Florida street a	cannot serve as its own ctive Florida registratio	Registered Agent n.)	ent's Signature: . You must designate an indi	vidual or	21 130 134	<u> </u>
	Ginn & Patrou, PA			;	A* 10:	17
		Name		θω, τ.	ت. ب	٠.
	17 13th Street			•		
	Florida street address	(P.O. Box <u>NOT</u>	acceptable)			
	St. Augustine	FL	32080			
	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..

Registerey Agent's Signature (REQUIRED)

(CONTINUED)

Signature of a m This document is exect f am aware that any fals	meet the applicable statutory filing requirements, this date will to f State's records. C is GP Development Group, L.I.C member or an authorized representative of a member. atted in accordance with section 605.0203 (1) (b), Florida Statute is information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
E VI: Other provisions, if any. The of filing the sole member of this LLC REQUIRED SIGNATURE:	C is GP Development Group, I.I.C Ochn R. Ginn Tember or an authorized representative of a member.
nent's effective date on the Department EVI: Other provisions, if any. se of filing the sole member of this LLC	t of State's records. C is GP Development Group, L.I.C
nent's effective date on the Department EVI: Other provisions, if any.	t of State's records.
nent's effective date on the Department EVI: Other provisions, if any.	t of State's records.
the date inserted in this block does not nent's effective date on the Department	meet the applicable statutory filing requirements, this date will to f State's records.
f filing.)	and the state of t
EV: Effective date, if other than the date ctive date is listed, the date must be sp	e of filing: 10/16/2020 (OPTIONAL) pecific and cannot be more than five business days prior to or
(Use attachment if necessary)	
	17 13th Street St. Augustine, FL 32080
MGR	GP Development Group, LLC

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)