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Special Instructions to I	Filing Officer:	
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Office Use Only

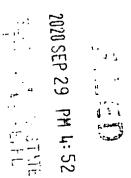
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## **TERRY B. SALISBURY**

Attorney at Law
409 Pasadena Avenue South
St. Petersburg, FL 33707
E-mail: tsalisbury56@gmail.com

Telephone: (727) 471-7888

Fax: (727) 302-0979

September 24, 2020

Board Certified Wills, Trusts & Estates

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: GNJV Properties, LLC

Gentlemen or Ladies:

Enclosed are the following:

- 1. Cover letter and Articles of Organization for GNJV Properties, LLC, a Florida limited liability company.
- 2. My check payable to Florida Department of State in the amount of \$160.00 for the filing fee, Certificate of Status and certified copy.

Please process the Articles of Organization and send the Certificate of Status and certified copy to Geoff Voigt and Jennifer Voigt at the address shown for them in the cover letter and articles.

Thank you for your cooperation and assistance in this matter.

Very truly yours,

Terry B. Salisbury

TBS/ms encs.

Copy to: Geoff & Jennifer Voigt

## **COVER LETTER**

TO:	New Filing Sec Division of Cor				
SUBJI		perties, LLC			
0000		Name of Lir	nited Liabil	ity Company	<del></del>
The en	closed Articles of	Organization and fee(s) ar	e submitted	for filing.	
Please	return all correspo	ondence concerning this ma	atter to the 1	ollowing:	
	Geoff Voigt				
		<del> </del>	Name of	Person	
	GNJV Propo	rties			
			Firm/Co	mpany	
	801 20th Av	enue North			
	<u> </u>		Addr	ess	
	St. Petersbur	g, FL 33704			
			City/State an	d Zip Code	
	gcoff.voigt1@				
	Į.	E-mail address: (to be used	for future a	innual report notificati	ion)
For furtl	her information co	ncerning this matter, pleas	e call:		
	Jennifer Voig		27	432-9873	
	Nam	e of Person A	rea Code	Daytime Telephon	e Number
Enclos	sed is a check for the	he following amount:			
□\$12	5.00 Filing Fee	□\$130,00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	
		iling Section		New Filing Section Di	

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

GNJV Properties, LI	LC		
(Must con	tain the words "Limited Li	ability Company, "L.	L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and street a	address of the principal off	ice of the Limited Lia	bility Company is:
<u>Princip</u>	oal Office Address:		Mailing Address:
801 20th Avenue No	orth	801 - 20	th Avenue North
St. Petersburg, FL 3.	3704	St. Peter	sburg, FL 33704
ARTICLE III - Registered Ag			
	y cannot serve as its own R active Florida registration	Registered Agent. You .)	Signature: must designate an individual o
The Limited Liability Company nother business entity with an	y cannot serve as its own R active Florida registration	Registered Agent. You .)	
The Limited Liability Company nother business entity with an	y cannot serve as its own Ractive Florida registration address of the registered a	Registered Agent. You .)	
The Limited Liability Company nother business entity with an	y cannot serve as its own Ractive Florida registration address of the registered a	Registered Agent. You  I gent are:	
The Limited Liability Company nother business entity with an	y cannot serve as its own R active Florida registration address of the registered a Terry B. Salisbury	Registered Agent. You  Ingent are:  Name  South	must designate an individual o

aving been named as registered agent and to accept service of process for the above stated limited liability company at the ace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I rther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and In familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

State

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Zip

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Geoff Voigt
	St. Petersburg, FL 33704
	St. Petersburg, FL 5,5704
AMBR	Jennifer Voigt
With	801 20th Avenue North
	St. Petersburg, FL 33704
(Use attachment if necessary)	
If the date inserted in this block does n cument's effective date on the Departm	not meet the applicable statutory filing requirements, this date will not be li- nent of State's records.
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	niles Voiat
Signature of a	member or an authorized representative of a member.
	false information submitted in a document to the Department of State <sup>2</sup>
constitutes a third de	egree felony as provided for in s.817.155. F.S.
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Jennifer Voig	29
<u>Jennifer Voig</u>	29
<u>Jenniter Voig</u>	Typed or printed name of signee
	Typed or printed name of signee  Filling Fees:
\$125.00 Filing Fee for Articles of	Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent 57
	Typed or printed name of signee  Filing Fees: Organization and Designation of Registered Agent [5]