

L20000359601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

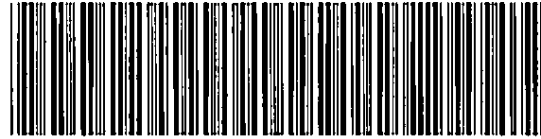
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 NOV 19 PM 4:16

2020 NOV 19 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

AL CULLIGAN

12/1/2020

## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY <u>GCC Ventures, LLC</u>	FOR OFFICE USE ONLY

### PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

### FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICE MARK/TRADEMARK ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

### RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
of \_\_\_\_\_

### APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 11/19/20 TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_



RECEIVED

2020 NOV 23 PM 4:21

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
TALLAHASSEE, FLORIDA

November 20, 2020

ADVANCED INCORPORATING SERVICE

SUBJECT: GCC VENTURES, LLC  
Ref. Number: W20000133709

We have received your document for GCC VENTURES, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the title in Article IV.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 020A00023468

*Corrected!  
Please keep  
original file  
Date Thanks*

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GCC Ventures, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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SECRETARY OF STATE  
TALLAHASSEE, FL

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:26809 Tanic Dr.  
Suite 101  
Wesley Chapel, FL 33544Same  
  

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Gary Cucchi  
Name26809 Tanic Dr. Suite 101  
Florida street address (P.O. Box **NOT** acceptable)

<u>Wesley Chapel</u>	<u>FL</u>	<u>33544</u>
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..*

*Gary Cucchi*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Gary Cucchi  
26809 Tonic Dr. Suite 101  
Weslev Chapel, FL 33544

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Gary Cucchi*

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

Gary Cucchi

Typed or printed name of signer

**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)