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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

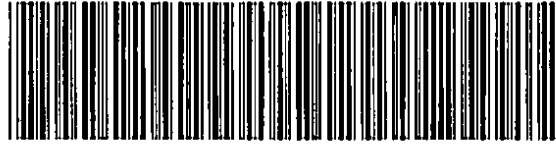
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FEB - 5 2021



# FISHER & FISHER

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Estate Planning • Wills • Living Trusts • Probate Administration • Trust Administration • Will Contests • Estate Litigation

January 12, 2021

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

SUBJECT: GLME MANAGEMENT, LLC

Enclosed please find original Articles of GLME MANAGEMENT, LLC to be filed along with our firm check in the amount of \$160.00, to include the \$125.00 filing fee, \$30.00 certified copy of record fee and \$5.00 certificate of status fee.

I have also enclosed a stamped self-addressed envelope for return of the documents. Please return all correspondence concerning this matter to the following:

FISHER & FISHER, ATTORNEYS AT LAW  
Attn: Lillie Kahler  
181 Eglin Pkwy, NE  
Fort Walton Beach, FL 32548

**EMAIL ADDRESS TO BE USED FOR DIVISION OF CORPORATION NOTICES:**  
**sonset@cox.net.**

For further information concerning this matter, please call: J. Mark Fisher at (850) 244-8989.

Sincerely,

*/s/ J. Mark Fisher*

J. Mark Fisher

Enc: As stated  
cc: File

**ARTICLES OF ORGANIZATION OF  
GLME MANAGEMENT, LLC**

ARTICLE I. Name

The name of the Limited Liability Company is **GLME MANAGEMENT, LLC**.

ARTICLE II. Address

The mailing address and street address of the principal office of **GLME MANAGEMENT, LLC** is:

Principal Office Address:  
565 Pocahontas Drive  
Fort Walton Beach, FL, 32547

Mailing Address:  
565 Pocahontas Drive  
Fort Walton Beach, FL 32547

Email address to be used for Division of Corporation notices: sonset@cox.net.

ARTICLE III. Registered Agent, Registered Office & 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:

**MICHAEL L. GILMORE**

565 Pocahontas Drive, Fort Walton Beach, FL 32547

*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.*

  
**MICHAEL L. GILMORE**

ARTICLE IV. Authorized Member(s) and Manager(s)

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:

AMBR

**MICHAEL L. GILMORE**  
565 Pocahontas Drive, Fort Walton Beach, FL 32547

21 JAN 14 AM 10:41  
ALABAMA SECRETARY OF STATE

AMBR

PAMELA E. PLATE,  
205 Pilgrim Avenue, Fort Walton Beach, FL 32547

REQUIRED SIGNATURE:

  
MICHAEL L. GILMORE

(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.)

STATE OF FLORIDA  
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me on January 12, 2021, by  
**MICHAEL L. GILMORE**, who was physically present and: (notary **must** check applicable line)

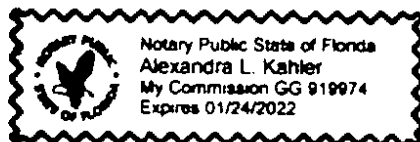
☒ is personally known to me.  
☐ produced a current \_\_\_\_\_ driver's license as identification.  
☐ produced \_\_\_\_\_ as identification.

(Affix Seal)



Notary Public  
My Commission Expires:

This Instrument prepared by:  
Fisher & Fisher, Attorneys at Law  
181 Eglin Pkwy, NE, Ft. Walton Beach, FL 32548  
(850) 244-8989 or Toll Free 1-800-977-9733



21 JAN 14 AM 10:11  
ALL HANDS BEHOLD A