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(Requestor's Name) (Address) (Address)	500361721175
(City/State/Zip/Phone #)	2021 HAR 15 7:11:47
Special Instructions to Filing Officen	() 15 Fill2: 21

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

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 Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 3/15/21 ORDER PRIORITY Routine

ENTITY

GAINESVILLE INVESTMENTS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

GAINESVILLE INVESTMENTS, LLC

Please file the attached articles.

NOTES:

\$125.00

Atthanized dress for annual report reminders: (ronaldjbom@aol.com)

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

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.

OUR REF_# (Order ID#) Bev

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Gainesville Investments, LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
5576 Bridgetown Road, Cincinnati, OH 45248	5576 Bridgetown Road, Cincinnati, OH 452-
	<u></u>

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:

Incorporating Se	rvices, Ltd.			
	Name			:0
1540 Glenway E	Drive			сл
Florida street address (P.O. Box NOT acceptable)				
Tallahassee	FL	32301	•	
City	State	Zip		L T

2021

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.,

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	Ronald J. Bommer 5576 Bridgetown Road Cincinnati. OH 45248
<u></u>	

(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.)

<u>Note:</u> 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.

REC	DUIRED SIGNATURE
	Houde + Manuner
	Signature of a member of 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 Stat
	constitutes a third degree felony as provided for in s.817.155, F.S.
	Ronald J. Bommer
	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)