

L21000165948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

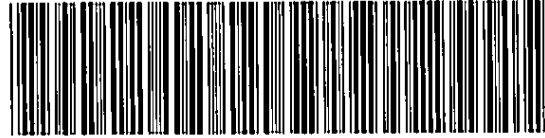
(Business Entity Name)

(Document Number)

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

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FILED  
2021 APR 13 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED  
2021 APR 13 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 762058 7900495

AUTHORIZATION :



COST LIMIT : \$ 160,000

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ORDER DATE : April 13, 2021

ORDER TIME : 11:14 AM

ORDER NO. : 762058-005

CUSTOMER NO: 7900495  
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DOMESTIC FILING

NAME: GALLIUM CAPITAL PARTNERS, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
XX \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 APR 19 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 14, 2021

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: GALLIUM CAPITAL PARTNERS, LLC  
Ref. Number: W21000050406

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

The AMBR'a names are not legible.

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: 321A00007712

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: GALLIUM CAPITAL PARTNERS, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY J. SCIOLE  
Name of Person

Firm/Company

7210 HAUGRILL BUSINESS PKWY, STE 38  
Address

RIVIERA BEACH, FL 33407  
City/State and Zip Code

ASCIOL@ICLOUD.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony J. Sciole at ( 407 ) 389 - 1022  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                              |                                                                         |                                                                                                   |                                                                                                                                        |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|

**Mailing 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

FILED

2021 APR 13 PM 4:32

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

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:

7210 HAVGRILL BUSINESS PKWY  
Suite 38  
RIVIERA BEACH, FL 33407

736 HARBOR ISLES WAY  
NORTH PALM BEACH, FL 33410

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:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

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.*

Corporation Service Company

By

Sandra E. Holman  
Registered Agent's Signature (REQUIRED)

Amended Ballot Box, Available for Free Download

(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:**

AMBR

ANTHONY J. FERRANTE  
736 HARBOUR ISLES WAY  
NORTH PALM BEACH, FL 33410

AMBR

JEFFREY R. JERMAN  
8306 QUITO PLACE  
WELLINGTON, FL 33414

AMBR

ANTHONY J. SCIOLE  
7752 BENE RIDGE WAY  
WEST PALM BEACH, FL 33412

(Use attachment if necessary)

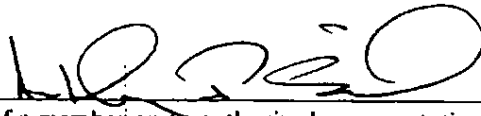
**ARTICLE V:** Effective date, if other than the date of filing: 04/16/2021. (OPTIONAL)

(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:**



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.

ANTHONY J. SCIOLE

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)

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 APR 13 PM 4:32

FILED