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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : EDDIE FERNANDEZ, PA  
Account Number : I20190000058  
Phone : (407)574-5009  
Fax Number : (407)574-5953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: SJohnson@fernandez-legal.com

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STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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FLORIDA LIMITED LIABILITY CO.  
GILSTRAP PROPERTIES, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**GILSTRAP PROPERTIES, LLC**

**ARTICLE II - Address**

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

2606 Hoffner Avenue  
Belle Isle, FL 32809

**ARTICLE III - Registered Agent and Office and Registered Agent's Signature**

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

EDDIE FERNANDEZ, PA  
135 W. Central Blvd.  
Suite 300  
Orlando, FL 32801

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, Florida Statutes.

EDDIE FERNANDEZ, PA

By:

*Eduardo J. Fernandez*  
(Registered Agent's Signature)

Eduardo J. Fernandez  
President

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#### ARTICLE IV - Effective Date

The effective date for this Limited Liability Company shall be:

September 14, 2021.



Larry A. Gilstrap II

(Signature of a member or an authorized representative of a member)

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

SECRETARY OF STATE  
TALLAHASSEE, FL

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