

L21000449713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

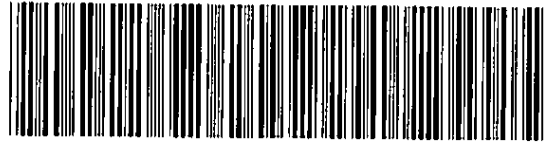
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

**T. SCOTT**

**OCT 15 2021**



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09/17/21--01020--003 \*\*125.00

2021 OCT 13 PM 3:20

2021 OCT 13 PM 3:20

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: GDMS Holdings 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:

Monique Selman

Name of Person

GDMS Holdings LLC

Firm/Company

395 Alhambra Circle Ste 301

Address

Coral Gables, FL 33134

City/State and Zip Code

MTS@ALBANYHOMES.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monique Selman 786 271-7192  
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GDMS Holdings LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLP")

ARTICLE II - Address:

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

Principal Office Address:

395 Alhambra Circle Ste 301

Coral Gables FL 33134

Mailing Address:

395 Alhambra Circle Ste 301

Coral Gables FL 33134

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:

George A David PA

Name

395 Alhambra Circle Ste 301

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

Coral Gables

FL

33134

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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

Monique Selman, Trustee of the Monique Selman Trust  
Agreement dated November 12, 2015 and  
any amendments thereto

AMBR

George David, Trustee of the George David Living Trust  
dated February 20, 2021 and any amendments thereto.

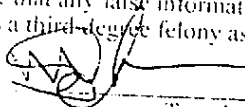
(Use attachment if necessary)

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:**

\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.020(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.

  
\_\_\_\_\_  
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)

GDMS Holding LLC  
395 Alhambra Circle Ste 301  
Coral Gables FL 33134  
786-271-7192  
mts@albanyhomes.us

October 6 2021

To Whom It May Concern,

I confirm that I wish to register GDMS Holding LLC. I am aware that there is already a business called GDM Holdings LLC.

Yours faithfully,

A handwritten signature in black ink, appearing to be 'MS' followed by a long horizontal stroke.

Monique Selman

AMBR