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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

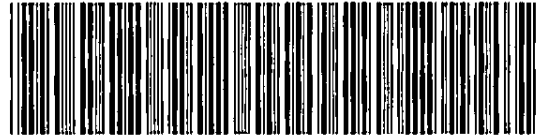
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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**MARGER STUART LAW**  
44 NORTH MAIN STREET  
JASPER, GEORGIA 30143  
(706) 253-3060 • FAX (706) 692-2180  
WWW.MARGERSTUARTLAW.COM

\*Cortney M. Stuart

October 11, 2021

**Edwin Marger**  
1928-2017

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

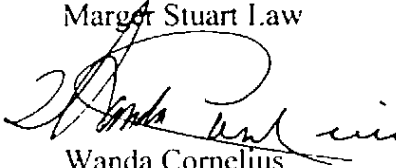
**Re: Articles of Organization for Florida Limited Liability Company  
GPSFLROPERTIES, LLC**

Dear Sir/Madam:

Our office represents Gregory P. Spencer in regard to the above-referenced matter. Enclosed on his behalf please see the original signed Articles and our Firm check in the amount of \$160.00. An extra copy is also enclosed.

Thank you for your assistance. If there are any questions, or you require anything additional, please contact our office.

Very truly yours,  
Marger Stuart Law

  
Wanda Cornelius  
Paralegal

Enclosures - as stated

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** GPSFL PROPERTIES, 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:

KARLI MANDEL  
Name of Person

Firm/Company

1118 CRESTWOOD COMMONS AVENUE  
Address

OCOFEE, FLORIDA 34761  
City/State and Zip Code

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

For further information concerning this matter, please call:

GREGORY P SPENCER at ( 706 ) 633-0141  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)     \$160.00 Filing Fee, Certificate of Status & Certified Copy (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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GPSFLPROPERTIES, 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:

21 RIVERVIEW CIRCLE  
BLUE RIDGE, GA 30513

Mailing Address:

2800 Scenic Drive #4113  
Blue Ridge, GA 30513

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:

KARLI MANDEL  
Name

1118 CRESTWOOD COMMONS AVENUE  
Florida street address (P.O. Box **NOT** acceptable)

OCOFEE                      FLORIDA                      34761  
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.*

Karli Mandel  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

State of: Florida  
County of: Orange

Subscribed and sworn to before me  
this 16 day of Sept 20 21  
Produced ID  Personally known  
Type of ID: Drivers License

Nathan S. Flashman



Notary Public State of Florida  
Nathan S. Flashman  
My Commission GG 944349  
Expires 02/01/2024

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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

AMBR

**Name and Address:**

GREGORY P. SPENCER

21 RIVERVIEW CIRCLE

BLOUE RIDGE, GA 30513

(Use attachment if necessary)

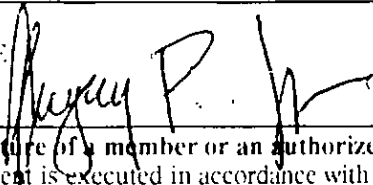
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)

(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 605.0203 (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.

GREGORY P. SPENCER

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)

FILED

2011 OCT 15 PM 3:23