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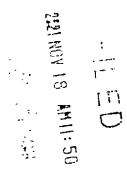
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	GSRFL, LLC		
SUBJEC.		of Limited Liability Company	_
The enck	osed Articles of Organization and fee	r(s) are submitted for filing.	
Please ret	urn all correspondence concerning th	nis matter to the following:	
	ACACIA WILSON		
		Name of Person	·
	GERALD O. DRY, PA	, and the second se	
		Firm/Company	·
	PO BOX 895		88 28
		Address	
	CONCORD, NC 28026		3 : <u>on</u>
		City/State and Zip Code	
	GREG@GARENGINEERING.CC	used for future annual report notification)	
For further	information concerning this matter.	·	
	GREGORY RIFFE	704 305-7860 at ()	
	Name of Person	Area Code Daytime Telephone Number	_
Enclosed	is a check for the following amount:		
≣\$125.0	0 Filing Fee ☐\$130.00 Filing F Certificate of State	is Certified Copy Certificate (additional copy is enclosed) Certified Copy	Filing Fee, e of Status & Copy 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 FLORIDALIMITED LIABILITY COMPANY

Limited Liability Company is:
Limited Liability Company is:
<u>Mailing Address</u> :
4664 EAST STATE RD 64 #154
BRADENTON, FL 34208

Name

4664 EAST STATE RD 64 #154

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

BRADENTON FL 34208

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..

(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	GREGORY RIFFE 4664 EAST STATE RD 64 #154 BRADENTON, FL 34208
AMBR	SHANA RIFFE 4664 EAST STATE RD 64 #154 BRADENTON, FL 34208
	
E.V: Effective date, if other than the octive date is listed, the date must be of filing.)	date of filing: JANUARY 1, 2022 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not nearly effective date on the Departm	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no
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REOURED SIGNATURE: Signature of a This document is explained and a superior of a supe	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State fargree felony as provided for in s.817.155. F.S.
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