

L 22000042667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

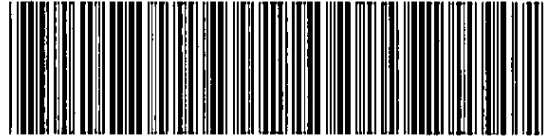
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100381178331

FILED
2022 FEB-4 PM 4:22
TALLAHASSEE, FL

FILED
2022 FEB-4 PM 12:00
TALLAHASSEE, FL



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **February 04, 2022**

Account#: 1200000000088

Name: **David Shulman**

Reference #: **1593602**

Entity Name: **GDW65, LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **Please provide a certified copy of the filing evidence. Thank you!**

ISSUES? CALL
David:
850-270-0082

Authorized Amount: **\$155.00**

Signature: *David Shulman*

**ARTICLES OF ORGANIZATION
OF
GDW65, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is GDW65, LLC.

ARTICLE II: - Address

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

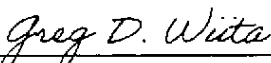
**151 Fern Street, Unit 1
Jupiter, Florida 33458**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

**Gregory Wiita
151 Fern Street, Unit 1
Jupiter, Florida 33458**

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.



Name: Gregory Wiita

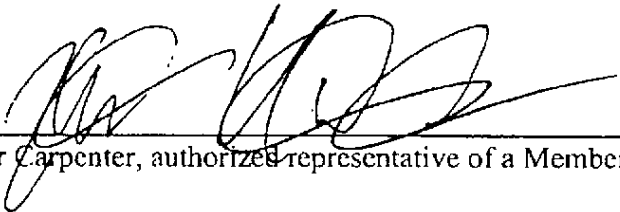
ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
AMBR	Gregory Wiita 151 Fern Street, Unit 1 Jupiter, Florida 33458

FILED
2022 FEB -4 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FL

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on February 2, 2022.



Hunter Carpenter, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

Hunter Carpenter

Typed or printed name of signee