

L22 000190269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

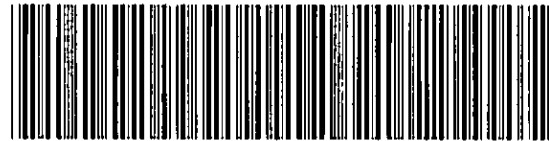
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05/09/22--01001--013 \*\*155.00

**FILED**  
**RECEIVED**  
2022 MAY -6 PM 1:26  
2022 MAY -6 PM 3:57  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 5/6 DANNY

**XX CERTIFIED COPY** \_\_\_\_\_

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**XX FILING**

**LLC** \_\_\_\_\_

**1. GAWFL LLC**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**2.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**3.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**4.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**5.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**6.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

GAWFL LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

2022 MAY -6 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

1906 Wilt Road  
Fallbrook, CA 92028

Mailing Address:

1906 Wilt Road  
Fallbrook, CA 92028

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:

Registered Agents Inc.

Name

7901 4th St N, Ste 300

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

St. Petersburg

FL

33702

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company:

AMBR

**Timothy Walker**  
**1906 Wilt Road**  
**Fallbrook, CA 92028**

AMBR

**Patricia Walker**  
**1906 Wilt Road**  
**Fallbrook, CA 92028**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**  
**\$ 30.00 Certified Copy (Optional)**  
**\$ 5.00 Certificate of Status (Optional)**