

L22000193486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

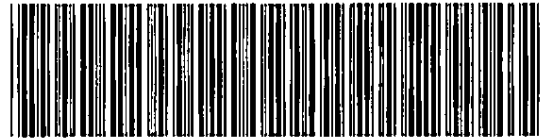
(Document Number)

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Special Instructions to Filing Officer:

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S. CHATHAM

MAY 12 2022

22 MAY -9 AM 3:22  
SOUTH CHATHAM



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2022

PATRICK S GORMLEY  
659 MINCEY LOOP  
THE VILLAGES, FL 32163 US

SUBJECT: GPM, LLC  
Ref. Number: W22000052991

Please see new  
documents and  
name enclosed.  
Thank you!

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P97000047364.

The document must be signed by a member or an authorized representative of a member.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 222A00009349

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COMMERCIAL  
SERVICES

**COVER LETTER**

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

**SUBJECT:** GORM110,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:

Patrick S Gormley  
Name of Person  
Gorm110,LLC.  
Firm/Company  
659 Mincey Loop  
Address  
The Villages, FL 32163  
City/State and Zip Code  
gpm659@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick s Gormley 763 242-9153  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22 MAY -9 AM 3:28  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Gorm110,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:**

659 Mincev Loop

The Villages, FL 32163

**Mailing Address:**

659 Mincev Loop

The Villages, FL 32163

**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:

Patrick S Gormley

Name

659 Mincev Loop

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

The Villages

Florida

32163

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)

22 MAY -9 AM 3:00  
MAY 10 2009  
MAY 10 2009

**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

Kay L Gormlev

659 Mincev Loop

The Villages, FL 32163

MGR

PatrickSGormlev

659 Mincev Loop

The Villages, FL 32163

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 1, 2022 (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.

PatrickSGormlev

\_\_\_\_\_  
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)

22 MAY -9 AM 3:22  
DEPT. OF STATE  
TALLAHASSEE, FL