

6/1/22 3:45 PM

Division of Corporations

L22000236292

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000192158 3)))



H220001921583ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THE PERMENTER LAW FIRM, P.A.
Account Number : I20200000193
Phone : (352)622-1811
Fax Number : (352)622-1866

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: tommy@permenterlaw.com

2022 JUN -1 AM 8:46
RECEIVED
FLORIDA DEPARTMENT OF STATE
ATLANTA, FLORIDA

RECEIVED
2022 JUN -1 PM 4:02
CORPORATIONS
COMMERCIAL
SERVICES

**FLORIDA LIMITED LIABILITY CO.
GOPOP 5969, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

H22000192158 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**

The name of the Limited Liability Company is:

GOPOP 5969, LLC**ARTICLE II – Address:**


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

Principal Office Address:**815 S.E. 13th Avenue
Ocala, Florida 34471****Mailing Address:****815 S.E. 13th Avenue
Ocala, Florida 34471**FILED
2022 JUN 1 AM 8:46
CLERK OF STATE
TALLAHASSEE, FLORIDA**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**JAMES T. BOUTWELL
815 S.E. 13th Avenue
Ocala, Florida 34471**

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)

H22000192158 3

H22000192158 3**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:**MGR**

JAMES T. BOUTWELL
815 S.E. 13th Avenue
Ocala, Florida 34471

MGR

SANDRA L. BOUTWELL
815 S.E. 13th Avenue
Ocala, Florida 34471

CLERK OF STATE
TALLAHASSEE, FLORIDA

2022 JUN - 1 AM 8:46


FILED

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.

These Articles of Organization may be amended from time to time by consent of the members holding a majority of the voting interests of the Limited Liability Company, or otherwise in the manner now or hereafter prescribed in the Limited Liability Company's Operating Agreement, consistent with the laws of the State of Florida.

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.

JAMES T. BOUTWELL

Typed or printed name of signee

H22000192158 3