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.

(((H220003120343)))



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 : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. **GERFRAN LLC**

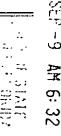
PN 2:01	77-10 10 10 10 10 10 10 10 10 10 10 10 10 1
SEP ~ 9	

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help





DocuSign Envelope ID: 443EB49F-63A5-47EB-BA25-41E9D52A8547

	C	OVER LETTER	H22000312034
	New Filing Section Division of Corporations		
eun rec	Gerfran	1 LLC	
SUBJEC		imited Liability Company	
The enclo	osed Articles of Organization and fee(s)	are submitted for filing.	
Please ret	turn all correspondence concerning this r	matter to the following:	
	Ger	rmain Francis	
		Name of Person	
		Firm/Company	
	25 SW 8	8th Court	
		Address	
	Delray	Beach, FL 33444	
		City/State and Zio Code	
	germainfran22	59@gmail.com ed for future annual report notification)	
For fürther	information concerning this matter, plea	•	
	Germain Francis	561 6673958	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
□\$125.0	00 Filing Fee	Certified Copy Certif (additional copy is enclosed) Certif	0:00 Filing Fee, ficate of Status & led Copy led
	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 8 Tallahassee, FL 32303	5 - 5 - 1T:

DocuSign Envelope ID: 443EB49F-63A5-47EB-BA25-41E9D52A8547

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY H22000312034 ARTICLE 1 - Name: The name of the Limited Liability Company is: Gerfran 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: Mailing Address: 25 SW 8th Court 25 SW 8th Court Delray Beach, FL 33444 Deiray Beach, FL 33444 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: Germain Francis Name 25 sw 8th ct Florida street address (P.O. Box NOT acceptable) 33444

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..

F]

State

Delray beach

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

1822 SEP -9 AM 6:

DocuSign Envelope ID: 443EB49F-63A5-47EB-BA25-41E9D52A8547

H22000312034

<u> Pitle:</u>	Name and Address:
'AMBR" = Authorized Membe	t .
'MGR" = Manager Member	Germain Francis
	25 SW 8th Court
	Delray Beach, FL 33444
	
<u></u>	
R.V: Effective date, if other than crive date is listed, the date in filling.) the date inserted in this block of	the date of filing:
ctive date is listed, the date in filing.) the date inserted in this block of ment's effective date on the De E VI: Other provisions, if any. REQUIRED SIGNATURE:	oes not meet the applicable statutory filing requirements, this date will not be cartment of State's records. Coordinate by:
E V: Effective date, if other that extive date is listed, the date in filling.) the date inserted in this block of ment's effective date on the De E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that	Dosustgreed by: oes of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State rid degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other that extive date is listed, the date in filling.) the date inserted in this block of ment's effective date on the Detective d	Dosustanted by: a of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State any false information submitted in a submitted to the Department of State and degree felony as provided for in s.817.155, F.S. Germain Francis
EV: Effective date, if other that extive date is listed, the date in filling.) the date inserted in this block of ment's effective date on the Detective d	Dosustgreed by: oes of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State rid degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other that extive date is listed, the date in filling.) the date inserted in this block of ment's effective date on the Detective d	Dosustance by: Dosustance by:
EV: Effective date, if other that extive date is listed, the date in filling.) the date inserted in this block of ment's effective date on the Detective d	Docustrated by: oc of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Germain Francis Typed or printed name of signee Filting Fees: es of Organization and Designation of Registered Agent