

L23000187358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

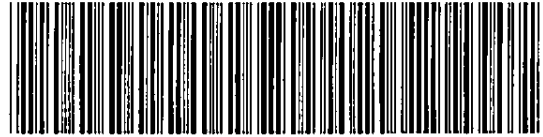
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 17 2023

FILED

2023 APR 14 PM 4:19

SECRETARY OF STATE

2023 APR 14 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 04/14/2023

Acc#120160000072

en: c DW

Name:	Gencor Properties Pty Ltd. LLC
Document #:	
Order #:	14886457

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Email Address for Annual Report Notifications:

dan.kiehler@rakkasystems.com

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Verifier _____
W.P. Verifier _____
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Amount: \$ 155.00

Thank you!

COVER LETTER

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

SUBJECT: Gencor Properties Pty Ltd, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erin N Bradley Abreu, paralegal
Name of Person

Taft Law Firm
Firm/Company

200 Public Sq., Ste. 3500
Address

Cleveland, OH 44114
City/State and Zip Code

Dan.Kiehl@trakkasystems.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Bradley Abreu 216 706-3944
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gencor Properties Pty Ltd, 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:

4725 Lena Road
Unit 103
Bradenton, FL 34211

4725 Lena Road
Unit 103
Bradenton, FL 34211

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:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)
Plantation Florida 33324
City State Zip

2023 APR 14 PM 4:19
REGISTERED
SECRETARY

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.,

C T Corporation System
By: Laura R Broderick
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member
"MGR" = Manager

MGR

Daniel B. Kiehl
4725 Lena Road, Unit 103
Bradenton, FL 34211

MGR

Peter Rudaizky
4725 Lena Road, Unit 103
Bradenton, FL 34211

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STATE OF FLORIDA
DEPARTMENT OF STATE

FILED

(Use attachment if necessary)

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.

REQUIRED SIGNATURE:

/s/ Daniel B. Kiehl

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.

Daniel B. Kiehl

Typed or printed name of signee

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)