# 123000204114

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(only one of the my
PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:
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W2300059307

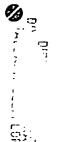
Office Use Only



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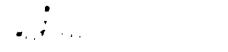
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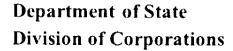


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CHARD.







# **American Expediting (Stealth Courier)**

1531 Commonwealth Business Dr Suite 105 Tallahassee, FL. 32303 850-294-5632 Date-4/21/2023

# **Stealth Courier Box**

Company:GreenspoonMarder Requester:Shannon Nance

Order: 14597278



# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2023

STEALTH COURIER

SUBJECT: GUNNER VENTURES LLC

Ref. Number: W23000059307

2023 APR 25 PM 5:57 SECRETAIN OF STATE

We have received your document for GUNNER VENTURES LLC. However, the document has not been filed and is being returned for the following:

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen Lovelace Regulatory Specialist II

Letter Number: 023A00009084



## COVER LETTER

	New Filing Section Division of Corpo				
SUBJEC	GUNNER VE	ENTURES LLC			
SUBJEC	1:	Name of	Limited Liabil	ity Company	
The encle	osed Articles of O	ganization and fee(s	) are submitted	for filing.	
Please re	turn all correspond	lence concerning this	s matter to the	following:	
	LINDSAY MI	LLER			
		<del>-</del>	Name of	Person	
	GREENSPOO	N MARDER			
			Firm/Co	ompany	
	600 BRICKEL	L AE SUITE 3600			
	<del></del>		Add	ress	·
	MIAMI, FL 33	131			
	rodriguezrick@	bellsouth net	City/State ar	nd Zip Code	<del></del>
			used for future	annual report notificati	ion)
For furthe	r information conc	erning this matter, p	lease call:		
	Lindsay Miller		305	789-2770 _)	
	Name	of Person		Daytime Telephon	
Enclosed	l is a check for the	following amount:			
<b>■</b> \$125.	00 Filing Fee	□\$130.00 Filing Fe Certificate of Status	: Certif	55.00 Filing Fee & ied Copy nal copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fil Divisior P.O. Bo	Address ing Section of Corporations x 6327 see, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee TC TS eet, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	IÇ	LE	I	- Na	me:
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The name of the Limited Liability Company is:

## **GUNNER VENTURES 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:

	Prin-	cipal	Office	Address:
--	-------	-------	--------	----------

Mailing Address:

	<u> </u>
5527 WOODLAND LANE	5527 WOODLAND LANE
DANIA BEACH FL 33312	DANIA BEACH FL 33312

## 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:

Limited Agent Servi	ices LLC	
	Name	
9304 N Beechtree V	√ay _	
Florida street addre	ss (P.O. Box <b>NOT</b> ac	cceptable)
Crystal River	FL	34428
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)

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

Tille:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
MGR	JOSE R.RODRIGUEZ		_	
	5527 WOODLAND LANE		-	
	DANIA BEACH EL 33312		-	
		_	_	
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(Use attachment if necessary)				
the date of filing.)  Note: If the date inserted in this block does the document's effective date on the Depart	not meet the applicable statutory filing requirements, this da	ite will not	be liste	ed as
ARTICLE VI: Other provisions, if any.				
REOUIRED SIGNATURE:				
Signature of	a member or an authorized representative of a member.			
	xecuted in accordance with section 605.0203 (1) (b), Florida			
l am aware that any	false information submitted in a document to the Departmen			
constitutes a third of	egree felony as provided for in s.817.155, F.S.			
* * * * * * * * * * * * * * * * * * * *				
Lindsay Mil	Typed or printed name of signee			
	ryped or printed name or signee	6.5	~>	
	Filing Fees:		02	
\$125.00 Filing Fee for Articles of	f Organization and Designation of Registered Agent	22	دن محت	L.7 '
\$ 30.00 Certified Copy (Option		11-1	77	1
F. (a k	,			

\$ 5.00 Certificate of Status (Optional)

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