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(((H230004413313)))



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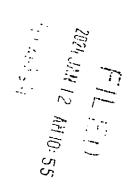
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FLORIDA LIMITED LIABILITY CO. GADSEN GAPITAL, LLC

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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

Help



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1/3/2024 12:51:40 PM PAGE 1/001 Fax Sorver



January 3, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

HOMSI LAW, P.A.

SUBJECT: GADSEN GAPITAL, LLC

REF: W24000000123

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

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

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Tekayla T Matthews Regulatory Specialist II New Filings Section

FAX Aud. #: H23000441331 Letter Number: 724A00000044 H23000441331 3

FOR GADSEN CAPITAL, LLC

ARTICLE I

The name of the Limited Liability Company is:

GADSEN CAPITAL, LLC

ARTICLE II

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

1822 GADSEN BLVD. ORLANDO, FLORIDA 32812

The mailing address of the Limited Liability Company is:

1876 WHITE AVE. ORLANDO, FLORIDA 32806

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSE.

ARTICLE IV

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.



Mailing Address
8815 Conroy-Windermere Road, #402
Orlando, Florida 32835
(407) 377-5507
www.HomsiLaw.com

ARTICLE V

The name and Florida street address of the registered agent is.

MARIA O. CIAPPOLINO 1876 WHITE AVE. ORLANDO, FLORIDA 32806

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.

Signature of Registered Agent.

MARIA O. CIAPPOLINO

The Members hereby delegate the management of the LLC to Manager(s). The name and address of persons(s) authorized to manage the LLC:

Operating Manager: DAVID LEON CIAPPOLINO Vice Operating Manager: MARIA O. CIAPPOLINO

Address of the Managers and Officers being the same as the Principal Address of the LLC.

Signature of an Authorized Representative:

William M. Homsi, Esq.

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817,155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain active status.



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