

L24000032928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

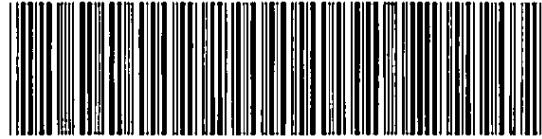
(Business Entity Name)

(Document Number)

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2024 JAN 18 PM 3:42
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DR
TALLAHASSEE, FL 32309
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$125.00

Authorization Signature: *John Fuller* :

GELL FAMILY INVESTMENTS LLC

BUSINESS NAME DOCUMENT #

Certified Copy of Entire File
 Certificate of Status

NEW FILINGS

Profit Corp
 Not for Profit
 Limited Liability
 Domestication
 LLLP
 CORP
 Other
 Other

AMENDMENTS

Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Revocation of Dissolution
 Merger
 Articles of Conversion
 Restated Articles of Incorporation
 Statement of Authority

OTHER FILINGS

Apostille
 Country
 Annual Report
 Fictitious Name
 Foreign Filing
 Reinstatement
 Qualification
 Other

EXAMINER'S INITIALS: _____

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COVER LETTER

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

SUBJECT: GELL FAMILY INVESTMENTS LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

J. Hines
Name of Person

Firm/Company
1001 Yamato Road #304
Address
Boca Raton, FL 33431
City/State and Zip Code
jhines@gofundingadvisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer L. Hines at (321) 304-7448
Name of Person Area Code 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

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GELL FAMILY INVESTMENTS 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:

7901 4TH ST. N
STE 300
ST. PETERSBURG, FL 33702

7901 4TH ST. N
STE. 4000
ST. PETERSBURG, FL 33702

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.)

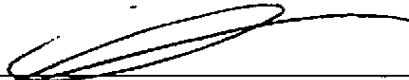
The name and the Florida street address of the registered agent are:

DAVID ROBERTS
Name

7901 4TH ST N STE 300
Florida street address (P.O. Box **NOT** acceptable)

ST. PETERSBURG FL 33702
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)

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

GELL FAMILY HOLDINGS LLC

7901 4TH ST. N STE 4000

ST. PETERSBURG, FL 33702

(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:

Brunna Gellendale

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.

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)

2024 4:3-