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(((H24000036183 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (844)449-3624

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

Email Address: gmsalesinc@msn.com

## FLORIDA LIMITED LIABILITY CO.

## **Build America 2024 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	ty Company 🕭		·	
Build America2024			·····	
(Must cont	tain the words "Limited	Liability Company,	'L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	office of the Limited	Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
3000 Kings Lake Bo	3000 Kings Lake Boulevard		3000 Kings Lake Boulevard	
Naples, FL 34112	Naples, FL 34112		Naples, FL 34112	
The finited flability Company another business entity with an a	-	on.)	ou must designate an individ	uat or
another business entity with an a	active Florida registration address of the registered G&M Sales	on.) I agent are: Name	ou must designate an individ	ual or
another business entity with an a	active Florida registration address of the registered G&M Sales  3000 Kings Lake Bl	on.) I agent are: Name		uai or
another business entity with an a	active Florida registration address of the registered G&M Sales	on.) I agent are: Name		ual or
another business entity with an a	active Florida registratic address of the registered G&M Sales  3000 Kings Lake Bly Florida street addres Naples	Name s (P.O. Box NOT ac	ceptable)	uai or
another business entity with an a	active Florida registratic address of the registered G&M Sales  3000 Kings Lake Bly Florida street addres	on.) I agent are: Name vd s (P.O. Box <u>NOT</u> ac	ceptable)	ual or
another business entity with an a	address of the registered  address of the registered  G&M Sales  3000 Kings Lake Bly Florida street addres  Naples  City  agent and to accept serve, I hereby accept the approvisions of all statutes rebligations of my position	Name  Vd  State  State  ice of process for the ointment as registere elating to the proper	ceptable)  34112  Zip  above stated limited hability of agent and agree to act in the and complete performance of s provided for in Chapter 603	company at the is capacity. I my duties, and I

(CONTINUED)

as

## ARTICLE IV-

\$ 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)

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

"AMBR" = Authorized Me	mber
"MGR" = Manager	
MGR	Thomas Guth
	3000 Kings Lake Blvd
	Naples, FL 34112
MGR	Larry Falls
	25352 Wesley Chapel blvd
	Lutz, F1. 33559
MGR	Larry Falls
	25352 Wesley Chapel blvd Lutz, FL 33559
	LML, 11, 233,37
AMBR	Thomas Guth 3000 Kings Lake Blvd
	Naples, FL 34112
	110/150, 115 5 1115
effective date is listed, the dat te of filing.)	than the date of filing:
CLE V: Effective date, if other effective date is listed, the dat to of filing.)  If the date inserted in this blo	than the date of filing:
CLE V: Effective date, if other effective date is listed, the date to of filing.)  If the date inserted in this blocument's effective date on the	than the date of filing: (OPTIONAL)  e must be specific and cannot be more than five business days prior to or 90 days aft  ck does not meet the applicable statutory filing requirements, this date will not be listed  Department of State's records.  y.
CLE V: Effective date, if other effective date is listed, the dat te of filing.)  If the date inserted in this blo cument's effective date on the CLE VI: Other provisions, if an REOUIRED SIGNATUR	than the date of filing:
CLE V: Effective date, if other effective date is listed, the dat te of filing.)  If the date inserted in this blo cument's effective date on the CLE VI: Other provisions, if an REOUIRED SIGNATUR  Signa This document of the control	than the date of filing:  e must be specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed. Department of State's records.  y.  E:  Low Gullon  ture of a member or an authorized representative of a member.  ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
CLE V: Effective date, if other effective date is listed, the dat te of filing.)  If the date inserted in this blo cument's effective date on the CLE VI: Other provisions, if an REOUIRED SIGNATUR  Signa This document am aware	than the date of filing:  (OPTIONAL)  e must be specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed. Department of State's records.  y.  E:  Low Gullonal  atture of a member or an authorized representative of a member.
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CLE V: Effective date, if other effective date is listed, the dat te of filing.)  If the date inserted in this blo cument's effective date on the CLE VI: Other provisions, if an REOUIRED SIGNATUR  Signa This docum I am aware constitutes	than the date of filing:

ARTICLE IV-

H24000036183 3

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Equinox Ventures LLC 401 N. 8th St Worland, WY 82401
AMBR	Larry Falls 25352 Wesley Chapel blvd Lutz, FL 33559
AMBR	Bolks Consulting LLC 7708 S 3rd Pl Broken Arrow, OK 74011
<del></del> -	
	SECRETARY OF STA
	FE 3: CELOR
	<del></del>