

12400022417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

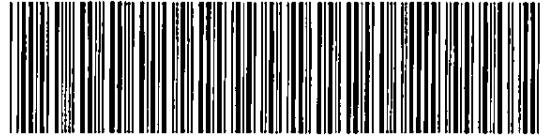
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MAIL out IN Envelope
attached.

Office Use Only



500420817405

FILED

2024 MAY 17 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500420817405
05/17/24--01005--000000.00

RECEIVED

2024 MAY 17 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LGAMAD 2, L.L.C

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:

STUART E. GOLDBERG

Name of Person

LAW OFFICES OF STUART E. GOLDBERG, PL

Firm/Company

POST OFFICE BOX 12458

Address

TALLAHASSEE, FL 32317-2458

City/State and Zip Code

marinella.gallen@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART E. GOLDBERG at (850) 222-4000

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
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

2024 MAY 17 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION

OF

LGAMAD 2, L.L.C.

The undersigned, under the provisions of Chapter 605 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

Article I. Name

The name of this limited liability company is LGAMAD 2, L.L.C. ("the Company").

Article II. Duration

Unless earlier terminated under the law or the Operating Agreement, the duration of the Company shall be perpetual.

Article III. Address of Principal Office

The street address and mailing address of the principal office of the Company is 726 Pierson Drive, Lynn Haven, Florida 32444.

Article IV. Initial Registered Agent and Address

The name and street address of the initial registered agent of the Company is Letitia A. Gamad, 726 Pierson Drive, Lynn Haven, Florida 32444.

Article V. Admission of Additional Members

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and upon such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the Operating Agreement of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or to become a member unless all the other members of the Company, other than the member proposing to dispose of his or her interest, approve of the proposed transfer by unanimous written consent.

Article VI. Members' Rights to Continue Business

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or upon the occurrence of any other event that terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the business of the Company, provided that all remaining members consent to the continuation and there is at least one remaining member.

Article VII. Management

Management of the Company shall be reserved to the members. The names and addresses of the members of the Company are:

**Rogelio J. Gamad, as trustee of the Rogelio J. Gamad Revocable Trust Agreement
dated December 23, 2020**

726 Pierson Drive
Lynn Haven, Florida 32444

**Leticia A. Gamad, as trustee of the Leticia A. Gamad Revocable Trust Agreement
dated December 23, 2020**

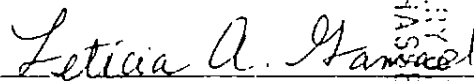
726 Pierson Drive
Lynn Haven, Florida 32444

Article VIII. Indemnification

Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager, or former member or manager to the full extent possible under the law.

Under penalties of perjury, I, Leticia A. Gamad, declare that I have read the foregoing Articles of Organization and the facts stated in it are true.

Signed at Lynn Haven, Bay County, Florida, on the 30 day of April, 2024



Leticia A. Gamad, as trustee of the Leticia A. Gamad Revocable Trust Agreement dated December 23, 2020
Member

2024 MAY 17 AM 9:47
CLERK OF THE
COURT
BAY COUNTY
FLORIDA

FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113 of the Florida Statutes (2020), the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is I.GAMAD 2, L.L.C.
2. The name and address of the registered agent and office is Leticia A. Gamad, 726 Pierson Drive, Lynn Haven, Florida 32444.

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 property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signed at Lynn Haven, Bay, Florida, on the 30 day of April, 2024.

Leticia A. Gamad
Leticia A. Gamad

FILED
2024 MAY 17 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL