

L24000299066

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

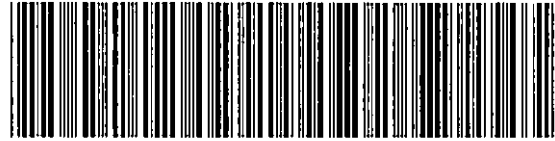
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CT CORP
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Tallahassee, FL 32312

Date: 06/28/2024
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Name:	GCM Management, LLC
Document #:	
Order #:	15712911

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Amount: \$ **125.00**

Thank you!

COVER LETTER

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

SUBJECT: Griffin Concierge Management, 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:

Natalie Moszczynski, Esq.

Name of Person

Epstein Becker & Green, PC

Firm/Company

1 Gateway Center, Fl 12

Address

Newark, NJ 07102

City/State and Zip Code

nmoszczynski@ebglaw.com

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

For further information concerning this matter, please call:

<u>Natalie Moszczynski, Esq.</u>	<u>973</u>	<u>639-7492</u>
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Griffin Concierge Management, 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:

2420 W Mississippi Avenue
Tampa, FL 33629

Mailing Address:

2420 W Mississippi Avenue
Tampa, FL 33629

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:

Lauren R Griffin

Name

2420 W Mississippi Avenue

Florida street address (P.O. Box **NOT** acceptable)

Tampa

City

Florida

State

33629

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..

By:

Lauren R Griffin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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