## 124000386569

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(Requestor's Name)
(Acdress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Newson)
Certified Copies Certificates of Status
-Special Instructions to Filing Officer
Office Use Only



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CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 09/06/24 Order #: 1618891-1

Re: GES PROPERTY HOLDINGS, LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account

12000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
GES Property Holdings, LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4298 Tidewater Drive, Orlando, FL 32812	4298 Tidewater Drive, Orlando, FL 32812
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registerother business entity with an active Florida registration.)	tered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	
John T. Green, Ir.	
Nam 4298 Tidewater Drive	SSET O

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..

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

Florida

State

32812

Orlando

City

Registered Agent's Signature (REQUIRED)

## ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	John T. Green, Jr.
AMDK	4298 Tidewater Drive, Orlando, FL 32812
AMBR	John W. Green 9620 Hatton Circle, Orlando, FL 32832
	-
(Use attachment if necessary)  RTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
f an effective date is listed, the date must live date of filing.)	not meet the applicable statutory filing requirements, this date will not be listed
RTICLE VI: Other provisions, if any.	
This document is e I am aware that any	a member or an authorized representative of a member.  executed in accordance with section 605.0203 (1) (b), Florida Statutes.  false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
John T Gree	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)