L24000393591

(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:				

Office Use Only



200435148092

09/13/24--01001--007 *•125.00

Jas #23

2024 SEP 12 PM 3: 0

PRORIVED

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		·	WALK III			
	PICK 1	UP:	JENA 9/12			
	CERTIFIED COPY		<u> </u>		 	
XX	РНОТОСОРУ					
	CUS					
XX	FILING	LLC				<u> </u>
	GCG # 4403, LLC CORPORATE NAME AND DOCUS	ΔΙΕΧΎΓ #)				
,		VII				
(1	CORPORATE NAME AND DOCU	MENT #)		<u> </u>	 	
	79 ADD SD 791 S A A A A S A S A S A S A S A S A S A					
('	CORPORATE NAME AND DOCU	MITAN I #)				
-{	CORPORATE NAME AND DOCUS	MENT #)			 	
(CORPORATE NAME AND DOCU	MENT#)				
	CORPORATE NAME AND DOCU	MENT#)			 	
PECIAL I	INSTRUCTIONS:					

ARTICLES OF ORGANIZATION OF GCG#4403, LLC.

The undersigned, being authorized to execute and file these Articles, hereby certifies

that:

ARTICLE 1-Name:

The name of the Limited Liability Company is:

GCG#4403, LLC.

ARTICLE H - Address:

The initial mailing address and street address of the principal office of the Limited Liability Company is:

10903 Blue Palm Street Plantation, FL 33324

ARTICLE III - Registered Agent and Registered Office

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

Cary B. Chapman 10903 Blue Palm Street Plantation, FL 33324

ARTICLE IV - Managers

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

<u>Title</u>	Name and Address		
Manager	Cary B. Chaoman		

10903 Blue Palm Street Plantation, FL 33324

Manager Maria-Joycelynne Y. Tecson

10903 Blue Palm Street Plantation, FL 33324

IN WITNESS WHEREOF. I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this // day of September, 2024.

Name: Cary B. Chapman

(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, F.S.)

Name: Cary B. Chapman

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, F.S.)

Signature of Registered Agent

Cary B. Chapman (