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

Office Use Only



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2025 JAH - 8 PH 2: 55

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

GHC VOG LLC					
Please Debit FCA00000	00003 For: 125			2025 JAN	
Thank you Seth Neeley	,			- 1	E meret
Atta/			Ars of Inc. File LTD Partnership File Foreign Corp. File	S 12. 9: 4	
			L.C. File		
			Fictitious Name File		
			Trade/Service Mark	_ _ _	
			Merger File		
		j	Art, of Amend, File	<u>_</u>	
			RA Resignation	_	
			Dissolution / Withdrawal		
			Annual Report / Reinstatement_		
			Cert. Copy		
			Photo Copy		
			Certificate of Good Standing		
			Certificate of Status		
			_ Certificate of Fictitious Name_		
Signature			_ Corp Record Search		
			Officer Search	_	
			Fictitious Search		
			_ Fictitious Owner Search		
			Vehicle Search		
	- — — — — — —		Driving Record		
Requested by:			UCC 1 or 3 File		
Name	Date Time		UCC 11 Search	_	
			UCC 11 Retrieval	_	
Walk-In Short and SA BEE	Will Pick Up		_ Courier		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street add	tin the words "Limited Lia dress of the principal offic d Office Address:		iability Company is:	
The mailing address and street address add		e of the Limited L		
7805 SW 6th Court	d Office Address:		Mailing Add	
			Mailing Address:	
Plantation, FL			7805 SE 6th Court	
		Planta	tion, FL	<u> </u>
33324		33324		· · ·
The name and the Florida street ac	lauress of the registered ag	encare:		
	Michael A. Kammer	<u> </u>		72
	Michael A. Kammer	ame		75. 75.
	Michael A. Kammer			72.
	Michael A. Kammer	ame	eptable)	77.
	Michael A. Kammer N 7805 SW 6th Court	ame	eptable) 33324	

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" # Manager		
Authorized Rep	Michael A. Kammer	
	7805 SW 6th Court Plantation, Fl. 33324	
		20
		025 JAN
		<u> </u>
		U
		S.
_ _		
		11/21
(Use attachment if necessary)		
	ate of filing:	1.5
rCLE V: Effective date, if other than the date from the date is listed, the date must be a	specific and cannot be more than five business days prior (to or 90 days after
ate of filing.)		
If the date inserted in this block does no ocument's effective date on the Department	or meet the applicable statutory filing requirements, this date ont of State's records.	will not be listed as
•		
ICLE VI: Other provisions, if any.		

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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 s.817.155, F.S.

Michael A. Kammer
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)