

M190000004023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

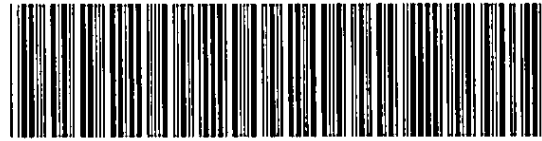
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/12/19--01023--021 **125.00

2019 APR 22 PM 4:35

4-22-19
BX



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2019

GREGORIOS MORAKEAS
PO BOX 112707
NAPLES, FL 34108

SUBJECT: G & P LLC
Ref. Number: W19000037620

We have received your document for G & P LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is A30975.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 119A00007700

COVER LETTER

**TO: Registration Section
Division of Corporations
G & PLLC**

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gregorios Morakeas

Name of Person

G & PLLC

Firm/Company

PO Box 112707

Address

Naples, Florida 34108

City/State and Zip Code

GandPllcTeam@gmail.com

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

For further information concerning this matter, please call:

Gregoris Morakeas

615

4144447

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

NOTICE: THE FOLLOWING INFORMATION IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Name:

Name of foreign limited liability company must include "Limited Liability Company," "LLC," or "LLP."

GMPM, LLC

2. State of incorporation: (use as prefix for purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")
Wyoming

3. Number of members (if not limited, number is not required):

11 members (if applicable)

4. State first transacted business in Florida (if prior to registration,
check action of S. 604X to 604X-1.8 to determine penalty authority)

1100 Hagler Ave.

PO Box 112707

5. Registered agent's office:

6.

Working Address:

Greenville, WY 82001

Naples, FL 34108

7. Name and street address of Florida registered agent (P.O. Box Not acceptable)

Robert M. Mahoney

Not

15231 E. Emerald Way, Suite 103

Office Address:

Bozota Springs

34138

Florida

34138

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.

Robert M. Mahoney

2019 APR 29 PM 1:35

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**
☒ Manager Name: Gregoris Morakeas
☐ Member Address: PO Box 112707
☐ Authorized Naples, FL 34108
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☒ Manager Name: Paraskevi Morakeas
☐ Member Address: PO Box 112707
☐ Authorized Naples, FL 34108
Person
☐ Other ☐ Other

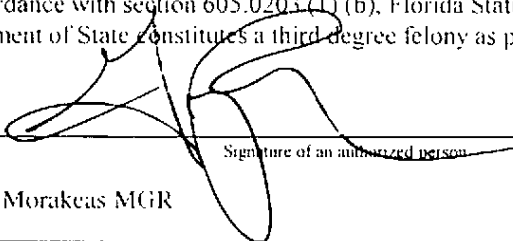
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person
Gregorios Morakeas MGR

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,


G & P LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 28, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000830370**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of April, 2019 at 4:13 PM. This certificate is assigned 030597829.




Secretary of State