

L210000 99944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

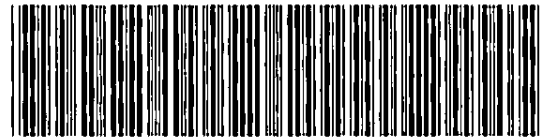
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800361730888

03/11/21--01001--002 **130.00

2021 MAR 10 PM 2:59

2021 MAR 10 PM 2:54

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GICE Transpo
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:

Gentrevis Beliford
Name of Person

Firm/Company

34035 Hunt Ave
Address

Leesburg, FL 34788
City/State and Zip Code

Jgexpress407@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gentrevis Beliford at (386) 214-4274
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GCE Transpo 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:

Mailing Address:

34035 Hunt Ave
Leesburg FL 34788

34035 Hunt Ave
Leesburg FL 34788

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:

Kawandia Jolivet
Name

3061 Laredo Dr.
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32303
City State Zip

2021 MAR 10 PM 2:54

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.

[Handwritten Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Gentrevis Reliford

34035 Hunt Ave
Leesburg, FL 34788

MGR

Jeff Jacques

34035 Hunt Ave
Leesburg, FL 34788

(Use attachment if necessary)

ARTICLE V. Effective date, if other than the date of filing, and the date of termination. If an effective date is listed, the date must be specific and cannot be more than five (5) business days prior to or 90 days after the date of filing.

Note: The date of filing is the date the document is filed with the Department of State. The date of filing is not the date the document is received by the Department of State.

ARTICLE VI. Other provisions, if any.

REQUIRED SIGNATURE:



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.

Kawandia Jo Linette

(Printed name of signer)

State Fee:

FS-0004, Pro-Fee (for Article 6 of Ch. 605) issued Department of Highway and Transportation Services