

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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7-10-24



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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : WALSH BANKS LAW
Account Number : I20210000008
Phone : (407)259-2426
Fax Number : (407)391-3626

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

GaMo3 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
2024 JUL -9 PM 12:56
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES
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SECRETARY OF STATE
TALLAHASSEE, FL

To: 18506176381 From: 14073913626 Date: 07/09/24 Time: 2:16 PM Page: 06/08

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GuMo3
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

Ethan Moon
Name of Person
GuMo3
Firm/Company
13342 281st Avenue
Address
Grey Eagle, MN 56356
City/State and Zip Code
ethan21moon@icloud.com
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call

Ethan Moon 320 508-5998
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

Street Address
New Filing Section Division
The Centre of Tallahassee

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

GuMo3 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:

13342 281st Avenue, Grey Eagle, MN 56333

13342 281st Avenue, Grey Eagle, MN 56336

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:

Walsh Banks, PLLC

Name

228 Hillcrest Street

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

Orlando

FL

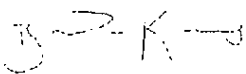
32801

City

State

Zip

I 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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SEAL
TALLAHASSEE

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

Ethan Moon

13342 281st Avenue, Grey Eagle, MN 56336

MGR

Rainn Moon

14413 Parker Rd, Orlando, FL 32832

MGR

Dylan Guderiahn

3695 Norman Scott Rd Box 264 San Diego, CA 92136

(Use attachment if necessary)

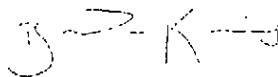
ARTICLE V: Effective date, if other than the date of filing, _____ (OPTIONAL)

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

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.

Brandon L. Krums

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

FILED
2024 JUL 09 PM 12
CLERK OF STATE
TREASURY