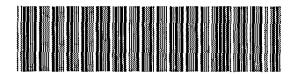
# L020000 33688

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



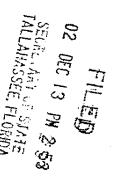


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# **CT** CORPORATION

December 12, 2002

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399



Re:

Order #: 5744335 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Gypsy Girl IV LLC (FL) Formation Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley\_Mitchell@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



# FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

December 13, 2002

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: GYPSY GIRL IV LLC Ref. Number: W02000034980 RECEIVED
02 DEC 13 PH 4: 25
0 VIEW CONTROL

We have received your document for GYPSY GIRL IV 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):

Please note that we have RETAINED your \$125.00 payment.

The Registered Agent MUST SIGN the acceptance statement.

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) 245-6914.

Buck Kohr Corporate Specialist

Letter Number: 502A00066014

cestio and backdate.

backdate.

Hry!

Ashin

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Gypsy Girl IV LLC

1. 18

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 12520 Seminole Beach Road

North Palm Beach, FL 33408

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of t	the registered agent are:	直给 8
CT Corporation System		是胃力
	Name	155 TO TO
c/o C T Corporation System	m,1200 South Pine Island Road	
Florida street ad	idress (P.O. Box <u>NOT</u> acceptable)	FEOT 2
Plantation	FL 33324	图言 切
	City, State, and Zip	— <del>-</del> ω

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 608, F.S.

By:

Registered Agent's Signature

CT Corporation System

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

J. Gardner Govan, Authorized Representative/Attorney in Fact

Typed or printed name of signee

#### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)