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Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Sabannah Suites LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JUL -5 A 4:19

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Corporate Filing

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sabannah Suites LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

10-16 44th Drive
Long Island City, NY 11101

Mailing Address:

10-16 44th Drive
Long Island City, New York 11101

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

The name and the Florida street address of the registered agent are:

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation, Florida 33324

City, State, and Zip

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 603, F.S.

CT Corporation System

Registered Agent's Signature

Michael J. Mitchell
Assistant Secretary

2005 JUL 19
TALLAHASSEE
SECRETARY

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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMDanny Mashal
12 Overlook Court
Locust Valley, NY 11550MGRRaymond Aboddy
117 The Crescent
Roslyn, NY 11577MGRSabah Shemal
50 Candy Lane
Great Neck, NY 11023MGRIlan Goldstein
6 Glenbrook Road
Monsey, NY 10952

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

(In accordance with section 602.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David R. Mashal attorney

Typed or printed name of signer

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)2005 JUL -5 A 9 19
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L05000066473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
05 JUL -6 PM 1:20
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GB Services, LLC
(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:

Peter Lewis
(Name of Person)

GB Services, LLC
(Firm/Company)

2931 Kerry Forest Parkway, Suite 202
(Address)

Tallahassee, FL 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter A. Lewis at (850) 251-0737
(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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUL - 6 PM 1:20

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

G B Services, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2931 Kerry Forest Parkway, Suite 202
Tallahassee, FL 32309

Mailing Address:

2931 Kerry Forest Parkway, Suite 202
Tallahassee, FL 32309

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

The name and the Florida street address of the registered agent are:

Peter A. Lewis
Name

2931 Kerry Forest Parkway, Suite 202
Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL FL 32309
City, State, and Zip

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..

Peter A. Lewis
Registered Agent's Signature

(CONTINUED)

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05 JUL - 6 PM 1:20
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Peter A. Lewis
2431 Kerry Forest Parkway, Suite 202
Tallahassee, FL 32305

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Peter A. Lewis

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.)

Peter A. Lewis

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)

FILED
05 JUL -6 PM 1:20
STATE OF FLORIDA
TALLAHASSEE