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TO:

Registration Section

Division of Co	rporations		
SUBJECT: Perry	GP, LLC		
3003001. <u> </u>		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
David Sur	mrall		
	n e	Name of Person)	
Perry GP,	LLC		
	(Firm/Company)	
33 Invern	ness Center Parl	kway, Suite LL13	30
		(Address)	
Birmingh	am, AL 35242		
	(City)	State and Zip Code)	
For further information	concerning this matter where	ooll.	
FOR TURRET INTO MALION (concerning this matter, please	can:	
Gabe Ehrenste	ein	at (561) 488-44	57
(Name	of Person)	(Area Code & Daytime 7	Celephone Number)
Enclosed is a check fo	or the following amount:		
	\$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 efficience)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons U

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Perry GP, LLC (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Suite LL130	33 Inverness Center Parkway Suite LL130 Birmingham, AL 35242
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the reg	gistered agent are:
Stephen Lowitz	
Name	
3521 N. 53rd Avenue	
Florida street addre	ss (P.O. Box NOT acceptable)
Hollywood	FI. 33021
City, State, and	1 Zip
liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfaccept the obligations of my position as registed.	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	Gabe Ehrenstein, Trustee	
	6340 Via Tierra	
	Boca Raton, FL 33433	
MGRM	Stephen Lowitz	
	3521 N. 53rd Avenue	
	Hollywood, FL 33021	
MGRM	John Moore, Jr.	
	33 Inverness Center Parkway, Suite LL130	
	Birmingham, AL 35242	
MGRM	David Sumrall	
	33 Inverness Center Parkway, Suite LL130	
	Birmingham, AL 35242	
(Use attachment if necessary)		
CLE V: Effective date, if other than effective date is listed, the date mu	n the date of filing: (OPTIONA ust be specific and cannot be more than five business day	
CLE V: Effective date, if other that effective date is listed, the date mu		
CLE V: Effective date, if other than effective date is listed, the date mu 00 days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business day	
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a me of this document of this document.		
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a me of this document of this document.	ember or an authorized representative of a member, ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)	
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a me of this document of this document.	ember or an authorized representative of a member. ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)	
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a me of this document of this document.	ember or an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury	

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Additional MGRM for Perry GP, LLC:

Sam Johnston 33 Inverness Center Parkway, Suite LL130 Birmingham, AL 35242