# L0600057655

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	CCT: GATEV	VAY HOSPITALITY N		
		(Name of Limited	d Liability Company)	
The en	closed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	BRAD J. LE	EAR		
		(1	Name of Person)	
	J R REALT	Y GROUP INC	·	
		(	Firm/Company)	
	2341 PALI	M RIDGE ROAD		
•			(Address)	
	SANIBEL	, FLORIDA 33957		
		(City	/State and Zip Code)	
For fur	ther information of	concerning this matter, please	call:	
BRA	J. LEAR		at ( 239 ) 472-713	0
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclos	ed is a check fo	r the following amount:		
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Cortified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
·		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	1e
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The name of the Limited Liability Company is:

#### **GATEWAY HOSPITALITY MANAGEMENT LLC**

business entity with an active Florida registration.)

(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 principal office of the Limited Liability Company is:

Mailing Address:
13733 BRYNWOOD LANE
FORT MYERS, FLORIDA 33912
gistered Office, & Registered Agent's Signature

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

BRAD J. LEAR
Name
13733 BRYNWOOD LANE
Florida street address (P.O. Box NOT acceptable)
FL
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

DIVISION OF CORPORATIONS

OF JUN - 1 DM 1 CO

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

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

"MGRM" = Managing Membe	MGR	
ROBIN L. LEAR	MGR	
(Use attachment if necessary)		
LE V: Effective date, if other the	nan the date of filing:	(OPTIONA

**REQUIRED SIGNATURE:** 

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.)

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)