

208000077054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

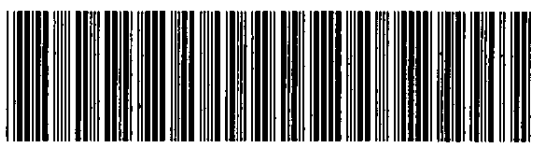
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
AUG 12 2008  
EXAMINER

**PULLUM & PULLUM, PA**  
ATTORNEYS AND COUNSELORS AT LAW

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MARYBETH L. PULLUM

SUITE 701 FIRST FAMILY OAKS  
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August 8, 2008

Florida Department of State  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Gelin Family Investments, LLC

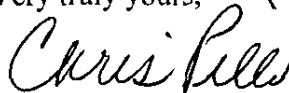
Dear Sir/Madam:

We enclose the original and one copy of Articles of Organization for the above-captioned limited liability company. Please endorse your approval on the copy of the Articles of Organization, certify same, and return it to us.

A check in the amount of \$155.00 is enclosed to cover the cost of filing the Articles of Organization and returning one certified copy.

Thank you for your assistance in this matter.

Very truly yours,



Christine F. Pillo  
Paralegal

Enclosures

K:\Gelin\L-FL Dept of State for Art of Org.cfp.doc

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
GELIN FAMILY INVESTMENTS, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **GELIN FAMILY INVESTMENTS, LLC.**

**ARTICLE II – Address:**

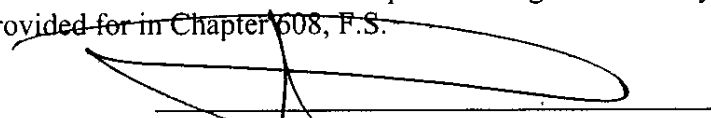
The street address of the principal office of the Limited Liability Company is:  
417 North Market Street, Floral City, Florida 32636

The mailing address of the principal office of the Limited Liability Company, if different,  
is: P. O. Box 310, Floral City, FL 32636.

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:**

The name and address of the registered agent are: John D. Gelin, 2215 South Carnegie Drive, Inverness, Florida 34450.

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.

  
\_\_\_\_\_  
John D. Gelin  
Registered Agent

**ARTICLE IV – The limited liability company will be manager managed.**

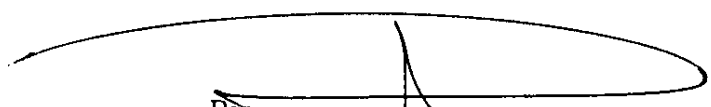
**ARTICLE V – The name and address of each Manager is as follows:**

John D. Gelin  
2215 South Carnegie Drive  
Inverness, Florida 34450

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ARTICLE VI – The effective date, if other than the date of filing:

GELIN FAMILY INVESTMENTS, LLC



By: \_\_\_\_\_  
John D. Gelin, Manager

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