



Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6391

From:
Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : I19990000010
Phone : (561)832-3300
Fax Number : (561)655-1109

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: clintgulleyii@yahoo.com

FLORIDA LIMITED LIABILITY CO.
1453 FL CITY LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1453 FL CITY LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address :

Mailing Address :

7934 SW 194 Street
Cutler Bay, FL 33157

PO Box 571205
Miami, FL 33257

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

The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

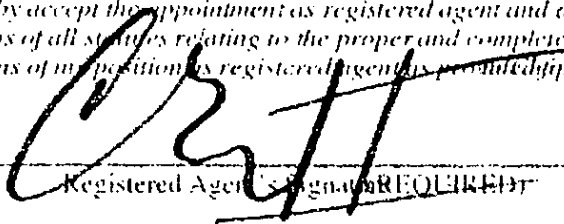
The name and the Florida street address of the registered agent are:

Clim Gulley II
Name

7934 SW 194 Street
Florida street address (P.O. ~~BOX~~ acceptable)

Cutler Bay Florida 33157
City State Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company
I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relating to the proper and complete performance of my
duties as registered agent and to accept the obligations of my position as registered agent as provided in chapter 605, F.S.*


Registered Agent's Signature

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR/AMBR

Name and Address:

Clint Gulley II

PO Box 571205

Miami, FL 33257

MBR

Melissa A. Gulley

PO Box 571205

Miami, FL 33257

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John J. Raymond, Jr.

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)

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