

# L020000019682

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

To Whom It May Concern:

Enclosed please find the Articles of Organization and Fees for Orchard Key LLC. I am also enclosing fees for a Certified Copy and a Certificate of Status. Please feel free to contact me if any questions or issues should arise from this filing.

Regards,



Mark Gosson  
1600 S Ocean Dr. Suite 19-E  
Hollywood, FL 33019  
(954) 925-9846

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 24, 2002

MARK GOSSON  
1600 S. OCEAN DRIVE, SUITE 19-E  
HOLLYWOOD, FL 33019

SUBJECT: ORCHARD KEY LLC  
Ref. Number: W02000021334

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ORCHARD KEY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 302A00044987

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Orchard Key LLC

## ARTICLE II - Address:

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

1600 S. Ocean Dr. Suite 19-E, Hollywood, FL 33019

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

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

Mark Gosson

Name

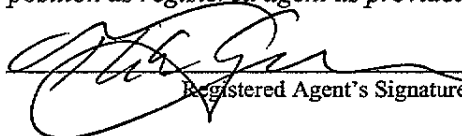
1600 S. Ocean Dr. Suite 19-E

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

Hollywood, FL FL 33019

City, State, and Zip

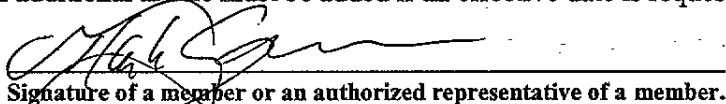
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

## Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
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.)

Mark Gosson

Typed or printed name of signee

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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