

L-020000021104  
**Inc Advantage.com, Inc.**

1 Everett Drive, Suite B-60  
Ocala, FL 32067  
West Windsor, NJ 08550-0927  
877-462-2388  
Fax: 609-716-0820

August 14, 2002

Division of Corporations  
Florida Department of State  
409 E. Gaines Street  
Tallahassee, FL 32314

900007161769--1  
-08/16/02--01027--004  
\*\*\*\*155.00 \*\*\*\*155.00

RE: Galleon Reality, LLC

Dear Sir/Madam,

For the purposes of forming the above captioned entity, enclosed herewith in duplicate is Articles of Organization accompanied by our check in the amount of \$ 155.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence to the undersigned in the enclosed self addressed stamped envelope.

If you should need additional information, please do not hesitate to contact our office at 877-462-2388.

Thank you in advance for your cooperation in this matter.

Sincerely,

Zulma M. Howarth

WJH/19  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 AUG 16 AM 9:45

Zp

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:  
Galleon Reality, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
6109 Galleon Way, Tampa, Florida 33615

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

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

Adam Besnard  
Name  
6109 Galleon Way  
Florida street address (P.O. Box **NOT** acceptable)  
Tampa FL 33615  
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.*

Adam Besnard

By: AD  
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 therefore, a manager - managed company.

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

AD  
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.)

Adam Besnard - Member

Typed or printed name of signer

### 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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 AUG 16 AM 9:45