

**L03000 016504**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H03000188995 2)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : ANSBACHER & SCHNEIDER, PA  
Account Number : 072647001172  
Phone : (904) 296-0100  
Fax Number : (904) 296-2842

DIVISION OF CORPORATION

03 MAY -7 PM 4: 14

RECEIVED

**LIMITED LIABILITY COMPANY**

**Gabby's Place, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE  
ALL AHASSET FLORIDA

03 MAY -7 AM 8: 26

FILED

*JB 5803*

H03000188995 2

**ARTICLES OF ORGANIZATION OF  
GABBY'S PLACE, L.L.C.**

**ARTICLE I**

The name of this Limited Liability Company shall be Gabby's Place, L.L.C., a limited liability company.

**ARTICLE II**

Gabby's Place, L.L.C. shall have perpetual existence.

**ARTICLE III**

Gabby's Place, L.L.C. is created to engage in any lawful act, business or activity for which limited liability companies may be formed under the laws of the State of Florida and to do any and all other things which are necessary, desirable or incidental to the foregoing purpose.

**ARTICLE IV**


The principal place of business of Gabby's Place, L.L.C. shall be 6593-9 Powers Avenue, Jacksonville, Florida 32217 and the mailing address shall be P.O. Box 551260, Jacksonville, Florida 32255 and such other place or places as the Member from time to time may determine.

The initial registered agent of Gabby's Place, L.L.C. shall be Michael N. Schneider whose address is 5150 Belfort Road, Building 100, Jacksonville, Florida, 32256.

**ARTICLE V**

Gabby's Place, L.L.C. will be managed by its Members.

IN WITNESS WHEREOF, these Articles of Organization have been duly executed.



Michael N. Schneider  
Authorized Representative

Michael N. Schneider  
Fl. Bar No. 166929  
P.O. Box 551260  
Jacksonville, FL 32255-1260  
(904) 296-0100  
H03000188995 2

SECRETARY OF STATE  
JACKSONVILLE, FLORIDA

03 MAY -7 AM 8:24

FILED

RECORDED  
11

H03000188995 2

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the organization is Gabby's Place, L.L.C., a Limited Liability Company.

The name and address of the registered agent and office is:

Michael N. Schneider  
5150 Belfort Road, Building 100  
Jacksonville, FL 32256

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.

  
\_\_\_\_\_  
Michael N. Schneider, Registered Agent

May 7, 2003  
\_\_\_\_\_  
Date

03 MAY -7 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

H03000188995 2