

L03000025396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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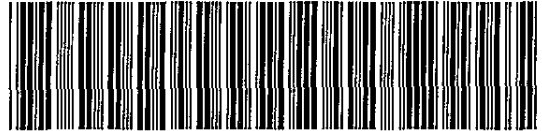
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Acknowledgement

DCC

Signature

DCC



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07/07/03--01014--014 **125.00

FILED

03 JUL -7 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO Box 320365
Cocoa Beach, FL 32932

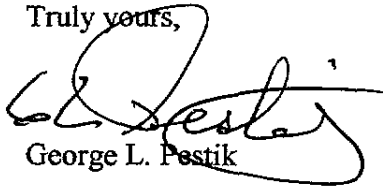
Tel: 321 795 6778
321 784 1761 FAX

3 July 2003

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Please find contained completed application form to establish GLP Investments LLC.

Truly yours,



George L. Pestik

FILED
03 JUL -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: GLP INVESTMENTS LLC

ARTICLE II - Address:

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

Principal Office Address:

7980 Noth Atlantic Ave

Cape Canaveral, Florida 32920

Mailing Address:

PO Box 320365

Cocoa Beach, Florida 32932

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

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

George L. Pestik

Name

7980 North Atlantic Ave

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

Cape Canaveral, Florida FL

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

03 JUL - 7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

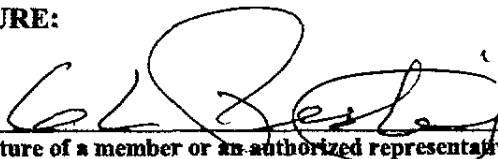
MGR

GEORGE L. PESTIK
108 OCEAN GARDEN LAKE
CAPE CASWELL, FL 32920

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

GEORGE L. PESTIK

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL -7 AM 8:00

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