

LO3000041392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gem Star
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen Schulte
(Name of Person)

Gem Star
(Firm/Company)

5048 Willow Leaf Way
(Address)

Sarasota FL 34241
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Schulte at (941) 379-7965
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RECEIVED
OCT 12 PM 12:12
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: GemStar LLC

ARTICLE II - Address:

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

Principal Office Address:

5048 Willow Leaf Way
Sarasota, FL
34241

Mailing Address:

5048 Willow Leaf Way
Sarasota, FL
34241

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

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

Kathleen Schulte
Name
5048 Willow Leaf Way
Florida street address (P.O. Box NOT acceptable)
Sarasota FL 34241
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.

Kathleen Schulte
Registered Agent's Signature

(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

Kathleen Schulte
5048 Willow Leaf Way
Sarasota, FL 34241

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Kathleen Schulte
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.)

Kathleen Schulte
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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CLERK
SARASOTA
FLORIDA