

L040000004831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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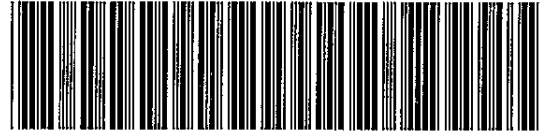
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 400909 5156901

AUTHORIZATION :

Patricia Pizitz

COST LIMIT : \$ 125.00

04 JAN 20 AM 11:03
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 19, 2004

ORDER TIME : 12:21 PM

ORDER NO. : 400909-005

CUSTOMER NO: 5156901

CUSTOMER: Melissa Reed, Legal Assistant
Meister Seelig & Fein

24th Floor
708 Third Avenue
New York, NY 10017

DOMESTIC FILING

NAME: LU-MAR GULFPORT, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

04 JAN 20 AM 11:03
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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

LU-MAR GULFPORT, LLC

ARTICLE II - Address:

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

Principal Office Address:

530 BURNS LANE

SARASOTA, FLORIDA 34236

Mailing Address:

530 BURNS LANE

SARASOTA, FLORIDA 34236

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

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

JEFFREY SEDACCA

Name

530 BURNS LANE

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

SARASOTA

FLORIDA 34236

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, Florida Statutes..

JEFFREY SEDACCA

Registered Agent's Signature

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:

MANAGER

JEFFREY SEDACCA

530 BURNS LANE

SARASOTA, FLORIDA 34236

(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.)

JEFFREY SEDACCA

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)