

L040000006873

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.

((H04000017806 3)))

**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 : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

**LIMITED LIABILITY COMPANY**

**7003 NORTHWEST 11TH PLACE, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED  
04 JAN 26 PM 4:12  
DIVISION OF CORPORATION  
04 JAN 26 PM 5:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

1-27-04

Audit Fax No: H040000178063**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**The name of the Limited Liability Company is: **7003 NORTHWEST 11TH PLACE, L.L.C.****ARTICLE II - Address:**

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

7003 Northwest 11<sup>th</sup> Place  
Gainesville, Florida 32605**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**ALAN S. GASSMAN, ESQUIRE**

Name

**1245 Court Street, Suite 102**

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

**Clearwater, FL 33756**

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

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

**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.)

  
\_\_\_\_\_  
**ALAN S. GASSMAN, ESQUIRE**JAW\Weinschelbaum\7003 Northwest 11th Place, L.L.C\Articles of Organization.wpd  
jas 1-26-04**ARTICLES OF ORGANIZATION****Alan S. Gassman, Esquire****1245 Court Street Suite 102****Clearwater, FL 33756****(727) 442-1200****Florida Bar #: 371750****Audit Fax #: H040000178063**04 JAN 26 AM 9:53  
SECRET  
TALLAHASSEE, FLORIDA  
FILE

PAGE 1