604000059861

00789-10594-12595-12117 * name in Article I-Nan

(Requestor's Name)	
(requestors rearries)	
(Address)	900039470
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	08/02/040105600
(Business Entity Name)	
(Document Number)	
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04 AUG 10 PM 1: 28

TRANSMITTAL LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Gate Parkway Professional associates

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

Please return all correspondence concerning this matter to the following:

John Starling Realty

John Starling Realty

9000 Cypress Green Dr.

Suite 107-B

(Address)

Jacksonville, FL 32256

For further information concerning this matter, please call:

Tohn T. Starling at (904) 731-3833
(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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 4, 2004

JOHN T. STARLING JOHN STARLING REALTY 9000 CYPRESS GREEN DR., SUITE 107-B JACKSONVILLE, FL 32256

SUBJECT: GATE PARKWAY PROFESSIONAL ASSOCIATES

Ref. Number: W04000029740

We have received your document for GATE PARKWAY PROFESSIONAL ASSOCIATES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the name of the company in Article I.,

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 004A00048568

Michelle Hodges Document Specialist

Division of Comparations, P.O. ROY 6327 Tallahassa, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
9000 Cypress Green Dr. Suite 107-B Jax., FL 32254	9000 Cypress Green D Suite 1107-B Jax., FL 32256		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:			
The name and the Florida street address of the registered Tohn T. Starling Name	ed agent are:		
9000 Cypress Green Florida street address (P.O. Box NOT acceptable)			
Jacksonviller 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 as provided for in Chapter 608, F.S.

Registered Agent's Signature

City, State, and Zip

(CONTINUED)

Page 1 of 2

O4 AUG TO PH I 28

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	ring Member(s): or Managing Member is as follows:
Title: "MGR" - Manager "MGRM" = Managing Member	Name and Address:
MGRM	John T. Starling 9000 Cypress Green Suite 1107-B Jax., FL 32256
(Use attachment if necessary)	a added if an affective data is no greated
	e added if an effective date is requested.
(In accordance with second this document constituted that the facts stated her	r or an authorized representative of a member. stion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.) ped 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)