P. 01/04

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## Florida Department of State

Division of Corporations Public Access System

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MJH

To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : BROAD AND CASSEL (ORLANDO)

Account Number : 119980000090

Phone : (407)839-4200

Fax Number

: (407)839-4264

## LIMITED LIABILITY COMPANY

1520 Gattis, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1520 Gallis, LLC	
(Name	c of Limited Liability Company)
The enclosed Articles of Organization and	fce(s) are submitted for filing.
Please rotum all co	orrespondence concerning this matter to the following:
Luis G. Reyes	
We have the second seco	(Name of Person)
1520 Gallis, LLC	
	(Firm/Company)
8751 Belter Drive	
	(Address)
Orlando, FL 32817	
	(City/State and Zip Code)
For further information concerning this made	tter, please call:
Luis G. Reyes	at ( 407 ) 970-7065
(Name of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallabassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1520 Gallis, LLC	Page 1
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8751 Belter Drive	8751 Beller Drive
Orkando, FL 32817	Orlando, FL 32817
The name and the Florida street address of the  Luis G. Reyes  Nan  8751 Belter Drive	2 <b>2 4</b>

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

<u>Title:</u> "MGR" = Managor "MGRM" = Managing Member	Name and Address:
MGRM	Luis G. Reyes
	8751 Belter Drive
	Orlando, Florida 32817
	Al Landson
·	
(Use attachment if accessary)	
	t be added if an effective date is requested.
REQUIRED SIGNATURE:	
Prin 91	(p. >=
Signature of a member or a	an authorized representative of a member,
(In accordance with section of this document constitutes that the facts stated herein a	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury re true.)
Luis G. Reyes	
Typed o	r printed name of signee

Filing Foes:
5100.00 Filing Fee for Articles of Organization
5 25.00 Designation of Registered Agent
5 30.00 Certified Copy (Optional)

\$ 5,00 Certificate of Status (Optional)