

L040000070455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

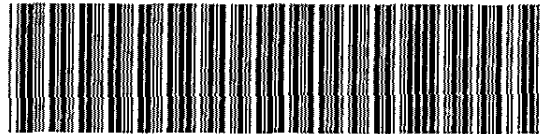
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04 SEP 28 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

04 SEP 28 PM 1:09

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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TALLAHASSEE, FLORIDA

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- GULF COAST COMMERCE CENTER, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION OF  
GULF COAST COMMERCE CENTER, LLC.  
a Florida Limited Liability Company**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I  
Name of Company**

The name of the limited liability company (hereinafter referred to as the "Company") is:  
**GULF COAST COMMERCE CENTER, LLC.**

**ARTICLE II  
Address of Company**

The mailing address and street address of the principal office of the Company is: 314 Egret Avenue, Naples, Florida 34108.

**ARTICLE III  
Registered Agent and Office**

The name of the Company's initial registered agent in Florida is: Randy Wilkerson; and the address of the Company's registered agent in Florida is: 314 Egret Avenue, Naples, Florida 34108.

Dated this 24th day of September, 2004.



Thomas A. Collins, II, Authorized  
Representative of a Member

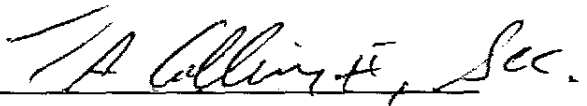
**FILED**  
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TALLAHASSEE, FLORIDA

## ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above-stated Company, at the place designated in these Articles of Organization, the undersigned, Treiser, Collins & Vernon, PL, hereby agrees to act as registered agent, and states that the undersigned is familiar with, and accepts, the obligations of registered agent as provided for under applicable Florida statutes.

Dated this 24th day of September, 2004.

Treiser, Collins & Vernon, PL

By:   
Thomas A. Collins, II, its Secretary  
Registered Agent