

L04000072467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

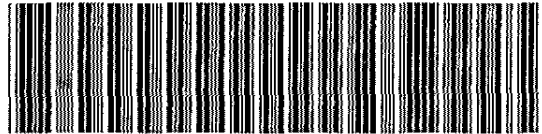
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300040989813

FILED

04 OCT -6 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 OCT -6 AM 10:44

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Handwritten signature



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 915019 156480A

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
04 OCT -6 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 5, 2004

ORDER TIME : 9:41 AM

ORDER NO. : 915019-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Layla Tabor
Roberts, Seward & Company

Suite 202
505 E. Jackson Street
Tampa, FL 33602

DOMESTIC FILING

NAME: GABRIEL INVESTMENTS, 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: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

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

FILED
04 OCT -6 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gabriel Investments, LLC

ARTICLE II - Address:

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

Principal Office Address:

605 E. Jackson St. #200

Tampa, FL 33602

Mailing Address:

Same

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

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

Richard Roberts

Name

605 E. Jackson St. #200

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

Tampa

FLORIDA 33602

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..

Richard A. Roberts

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:

MGR

Richard Roberts
505 E. Jackson St. #202
Tampa, FL 33602

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Richard A. Roberts

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.)

Richard Roberts

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)