

L040000077190

2004 OCT 21 P 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

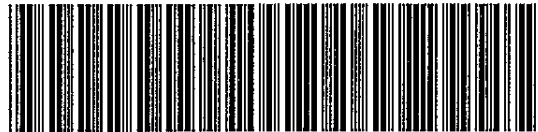
(Document Number)

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10/21/04--01038--010 **310.00

**ICARD, MERRILL, CULLIS, TIMM,
FUREN & GINSBURG, P.A.**

ATTORNEYS AND COUNSELORS
2033 MAIN STREET, SUITE 600
SARASOTA, FLORIDA 34237
TELEPHONE (941) 366-8100
TOLL FREE (800) 390-3110
FACSIMILE (941) 366-6384

RICHARD S. WEBB, IV
rwebb@icardmerrill.com

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2004 OCT 21 P 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REPLY TO:
P.O. BOX 4195
SARASOTA, FLORIDA 34230

October 20, 2004

Via Federal Express

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

**RE: Gulf Gate Enterprises I, LLC
Gulf Gate Enterprises II, LLC**

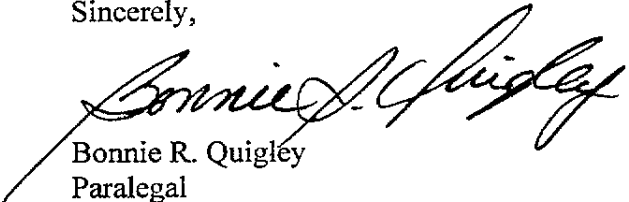
Dear Madam/Sir:

Enclosed herewith please find check in the amount of \$310.00 representing the filing fees for each of the above-referenced proposed limited liability companies:

- | | | | |
|----|---|---|---|
| 1. | \$100.00 | - | Filing Fee for Articles of Organization |
| 2. | \$ 25.00 | - | Designation of Registered Agent |
| 3. | <u>\$ 30.00</u> | - | Certified copy |
| | \$155.00 for each limited liability company | | |

Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,


Bonnie R. Quigley
Paralegal

brq
Encs.
W:\RSW\Ford\DivCorp - 10-11-04.wpd

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

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2004 OCT 21 P 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

GULF GATE ENTERPRISES I, LLC

ARTICLE II - Address:

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

Principal Office Address:

6416 CLARK ROAD

SARASOTA, FLORIDA 34241

Mailing Address:

6416 CLARK ROAD

SARASOTA, FLORIDA 34241

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

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

JAMES M. FORD

Name

6416 CLARK ROAD

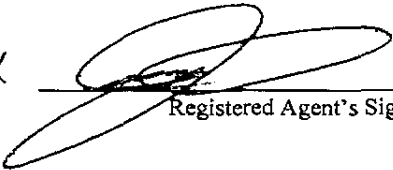
Florida street address (P.O. Box **NOT** acceptable)

SARASOTA, FLORIDA 34241

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..

X



Registered Agent's Signature

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: 2004 OCT 21 P 2: 25

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR M

JAMES M. FORD

6416 CLARK ROAD

SARASOTA, FLORIDA 34241

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

X 

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.)

JAMES M. FORD

Typed 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)