

L 04000090559

(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

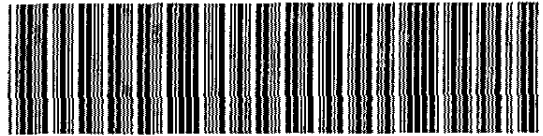
Certified Copies _____

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Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



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12/10/04--01050--018 **155.00

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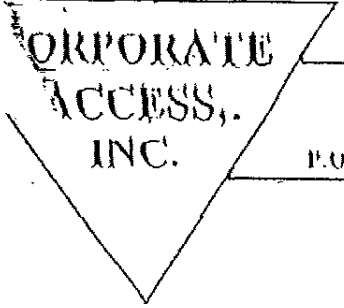
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04 DEC 15 PM 2:13

04 DEC 10 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
VISITATION
TALLAHASSEE, FLORIDA

\$155.00



236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (904) 222-2666 or (800) 969-1666 Fax (904) 222-1666

PICK UP WALK IN
12/10/13

☒ CERTIFIED COPY _____ LOS

PHOTO COPY _____ ☒ FILING LLC

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04 DEC 15 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1.) Gecko International Corporation
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 10, 2004

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: GECKO INTERNATIONAL CORPORATION L.L.C.
Ref. Number: W04000045299

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GECKO INTERNATIONAL CORPORATION L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

Florida limited liability companies may NOT use the words CORPORATION or INCORPORATED in their names.

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) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 904A00069224

*Corrected
Thank Glenda*

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ON DEC 15 AM 11:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GECKO INTERNATIONAL L.L.C.**ARTICLE II - Address:**

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

Principal Office Address:**Mailing Address:**1100 5TH Ave South, Suite 201
SNAPLES, FL 34102**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Tom Murray

Name

1100 5TH Ave South, Suite 201Florida street address (P.O. Box **NOT** acceptable)SNAPLES FL 34102

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, F.S.

Tom Murray

Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

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CORPORATE ACCESS

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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

Tom Murray

MGRM

J. L. Relquin

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 604.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

J. L. Relquin

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 38.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)