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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number: I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

LIMITED LIABILITY COMPANY

GULFBREEZE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	£#-
Estimated Charge	\$125.00

Name **Availability**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GULFBREEZE, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7404 Eleanor Circle Sarasota, Florida 34243 Atm: Gail Shane 7404 Eleanor Circle Sarasota, Florida 34243 Attn: Gail Shane

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

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

Gail Shane	
(Name)	-
7404 Eleanor Circle	
(Florida street address)	Z005 SEC
Sarasota, Florida 34243	2005 JAN 21 SECRETARY TALLAHASSE
(City, State, and Zip)	· SEA 1

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.

Registered Agent's Signature

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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

MGRM

Louis Hanover 191 Riverside Avenue

Name and Address:

Riverside, Connecticut 06878

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

2.7 Henover

Signature of a member of 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.)

Louis Hanover

Typed or printed name of signee

TILED

1005 JAN 21 A II: 15

SECRETARY OF STATE
SECRETARY OF STATE

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

S Bill Certifients of Status (Optional)