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(Req	uestor's Name)	
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(City.	/State/Zip/Phone	e #)
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gamco Properties III, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Sarah L. Caldwell (Name of Person)
Gameo Properties, LLC (Firm/Company)
19341 n.w. 8th 5th 200 1
Pambroke Pines 74 33029 ECONOMICS (City/State and Zip Code) For further information concerning this matter, please call:
Sarah L. Caldwell at (954) 438-5500 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gamco Propert	ies III,	241	<u>~</u>	
ARTICLE II - Address: The mailing address and street address of the	he principal office of the I	Limited Lial	oility Co	ompany
Principal Office Address:	Mailing Address:			
19341 N.W. 8th St.	+ (5ame)			
19341 N.W. 8th St.	,			-
ARTICLE III - Registered Agent, Regist	ered Office, & Registere	ed Agent's	Signatu N	re
The name and the Florida street address of		ARY (21	
	, Caldwell Vame		>	Ö
19341 N.L	1. 8th St	TATE ORIDA	5	
Florida stre	et address (P.O. Box NOT acc	eptable)		
Pembruke Pines	, FL 33029.	- 3259		
City, S	táte, and Zip	,		

is:

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managin The name and address of each Manager of	ng Member(s): or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	John D. Caldwell 1595 SW. 191 Ave Pembroke Pines, 72 3302
MGRM	Sarah L. Caldwell 19341 N.W. 8# St. Pembroke Pines, 74-330
(Use attachment if necessary) Saa afte NOTE: An additional article must be REQUIRED SIGNATURE:	AR 2

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.)

Sarah L. Caldwell
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)

Article V: Effective Date

The effective date for Gamco Properties III, LLC is: January 17, 2005

Article VI: EIN

The federal E I N for Gamco Properties III, LLC is: 84-1667276

Authorized Signature

SECRETARY OF STATE TALLAHASSEE, FLORING