# W5000014493

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(Address)				
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#### TRANSMITTAL LETTER

	Registration Sec Division of Cor				
SUBJEC	T: Gates	Management Gr (Name of Limited	OUP, LLC Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please re	_	ondence concerning this matter	_		
Michael J. Gates (Name of Person)					
		(1)	lame of Person)	<del></del>	
Gates Management Group, LLC (Firm/Company)					
		) <del>(</del> )	Firm/Company)	······································	
11771 Stonehaun Way					
(Address)					
West Calm Brach, Florida 334/2 (City/State and Zip Code)					
For furth	er information c	oncerning this matter, please of	eall:		
Mich.	11 J, 6.	n HC S of Person)	at ( <u>56/</u> ) <u>624-</u> (Area Code & Daytime Te	4336 lephone Number)	
Enclosed	i is a check for	the following amount:			
\$125.0	0 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

#### 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

	NUED)
Registered Agent	
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
1/77/5tonehaun Florida street ad West Ialm Black City, State,	Idress (P.O. Box NOT acceptable)  FL 334/2 and Zip
The name and the Florida street address of the  Michael T. Gate S  Name	
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature:
1771 Stonehaven Way West Palm Beach, Florida 33412	1/77/ Stone haven Way West Palm Beach, Florida 334/2
	orincipal office of the Limited Liability Company is:  Mailing Address:
Gates Management brown, LLC ARTICLE II - Address:	<del>-</del>
ARTICLE I - Name: The name of the Limited Liability Company is	:

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	Michael J. Gates 1/771 Stonehaun Way West Palm Beach, Florida 33411	
(Use attachment if necessary)		
NOTE: An additional article must l	be added if an effective date is requested.	
REQUIRED SIGNATURE:		
Signature of a member	or an authorized representative of a member.	
(In accordance with sect	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	
Michael J, a	ed 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)