

050000 288 20

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

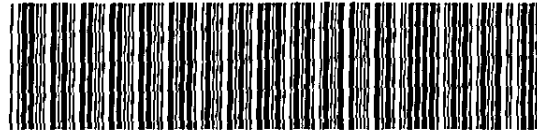
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400048408864

in large letters

03/21/05--01039--027 \*\*160.00

2005 MAR 21 PM 12:38  
RECEIVED  
CLERK'S OFFICE

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

March 16, 2005

Dear Sir:

My name is Robert L. Gaecke and I am enclosing Articles of Organization of Gaecke-Chiasson, LLC.

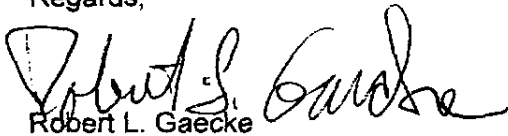
Enclosed is a check for \$160 to cover the filing fee of \$125, a certified copy for \$30 and \$5 for a certificate of status.

My address is:

10225 Bismark Palm Way, #1623  
Ft. Meyers, FL 33912

My daytime telephone number is 239.561.6846.

Regards,

  
Robert L. Gaecke

FILED  
2005 MAR 21 PM 12:38  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION  
OF  
GAECKE-CHIASSON, LLC**

These Articles of Organization are executed by the undersigned for the purposes of forming a Florida Limited Liability Company under Chapter 608 of the Florida Statutes.

**ARTICLE I**

The name of the Limited Liability Company is: Gaecke-Chiasson, LLC

**ARTICLE II  
Address**

The address of the principal office of the Limited Liability Company is:

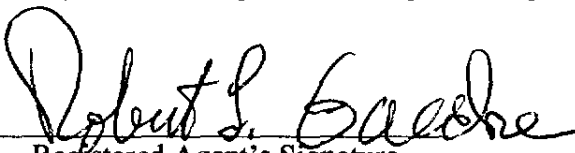
Principal Office Address:  
10225 Bismark Palm Way #1623  
Fort Myers, Florida 33912

Mailing Address:  
10225 Bismark Palm Way #1623  
Fort Myers, Florida 33912

**ARTICLE III  
Registered Agent, Registered Office and Registered Agent's Signature**

Robert L. Gaecke  
10225 Bismark Palm Way #1623  
Fort Myers, Florida 33912

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

**ARTICLE IV  
Managing Members**

Management of the Limited Liability Company shall be vested in its members:

Title:

MGRM

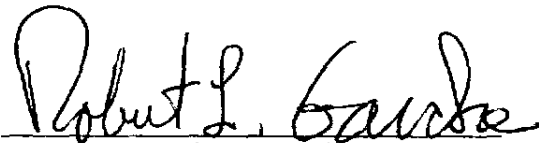
MGRM

Name and Address:

Robert L. Gaecke  
10225 Bismark Palm Way #1623  
Fort Myers, Florida 33912

Arlene E.. Chiasson  
10210 Washingtonia Palm Way #1721  
Fort Myers, Florida 33912

Dated this 16 th day of March, 2005



Robert L. Gaecke, Managing Member  
10225 Bismark Palm Way #1623  
Fort Myers, Florida 33912

(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).

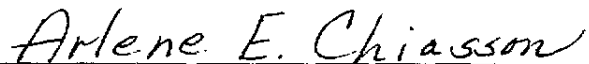


Typed or Printed Name of Signee



Arlene E, Managing Member  
10210 Washingtonia Palm Way #1721  
Fort Myers, Florida 33912

(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).



Typed or Printed Name of Signee