

LO5000031194

(Requestor's Name)

(Address)

(Address)

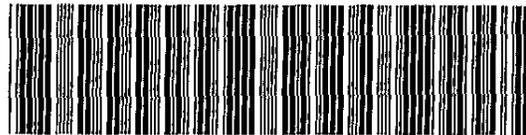
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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



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03/17/05--01025--007 \*\*125.00

Special Instructions to Filing Officer:

W05-14254      623

Office Use Only

TALLINN, ESTONIA

05 MAR 23 PM 0:05



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 18, 2005

THEODORE GILFORD  
2212 US HWY 19  
HOLIDAY, FL 34691

SUBJECT: GILFORD PROPERTIES LLC  
Ref. Number: W05000014254

We have received your document for GILFORD PROPERTIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6890.

Jason Merrick  
Document Specialist

Letter Number: 505A00018840

TALLAHASSEE, FLORIDA

05 MAR 28 AM 8:06

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GILFORD PROPERTIES LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THEODORE GILFORD  
(Name of Person)

GILFORD PROPERTIES LLC  
(Firm/Company)

2212 US HWY 19  
(Address)

HOLIDAY FL 34691  
(City/State and Zip Code)

For further information concerning this matter, please call:

THEODORE GILFORD at (727) 967-9890  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 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

FILED  
RECORDED  
05 APR 28 AM 9:06

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GILFORD PROPERTIES 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:**

2212 US HWY 19  
HOLIDAY FL  
34691

P.O. BOX 1011  
OLDSMAR, FL  
34677

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

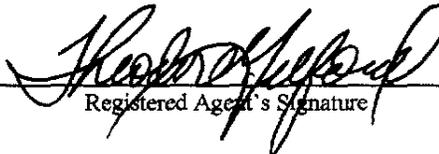
The name and the Florida street address of the registered agent are:

THEODORE GILFORD  
Name

1112 E. LEMON ST.  
Florida street address (P.O. Box **NOT** acceptable)  
TARPON SPRINGS FL 34689  
City, State, and Zip

05 MAR 28 PM  
TALLAHASSEE

*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 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

THEODORE GILFORD  
1112 E. LEMON ST.  
TARPON SPRINGS, FL 34689

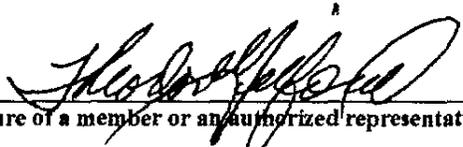
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(Use attachment if necessary)

**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 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.)

THEODORE GILFORD

Typed or printed name of signee

TALLAHASSEE, FLORIDA

05 FEB 20 AM 9:06

**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)