

L 05 0000 3 21 31

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

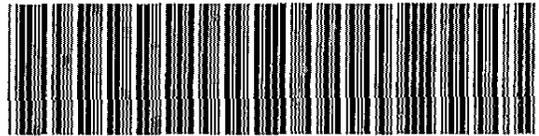
(Document Number)

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

Special Instructions to Filing Officer:

BK

Office Use Only



900049443299

FILED

05 APR - 1 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

05 APR - 1 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303**  
**PHONE: (800) 435-9371 FAX: (866) 860-8395**

**FILED**  
**05 APR - 1 AM 8:23**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

---

DATE: 04-01-05

NAME: GEKKO PROPERTIES, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

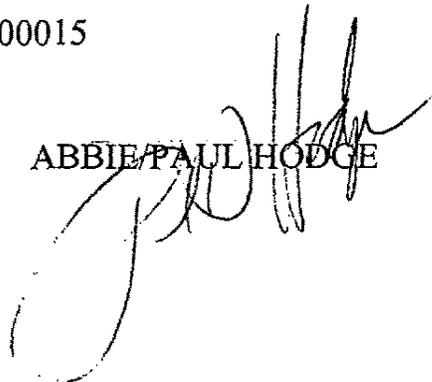
COST: \$125 + \$5 + \$30 = \$160

RETURN: GOOD STANDING AND CERTIFIED COPY

---

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY

FILED  
05 APR - 1 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

Name:

The name of the Limited Liability Company is: Gekko Properties, LLC

ARTICLE II

Address:

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

c/o Gekko, Properties, LLC  
174 WaterColor Way, #150  
Santa Rosa Beach, FL 32459

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

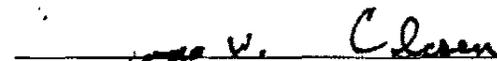
The name and the Florida street address of the registered agent are:

Fred Clasen  
9451 Monte Verdi Way  
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.*

  
signature of registered agent

REQUIRED SIGNATURE

  
Dodd W. Clasen, 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.)