

L05000065891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

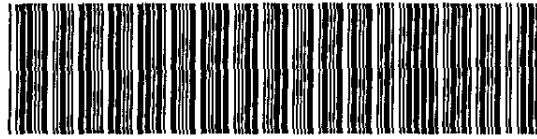
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 JUN 29 PM 1:09
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL - 5 2005

DAVID M. ANDREWS

ATTORNEY AT LAW

125 NIX BOAT YARD ROAD

ST. AUGUSTINE, FL 32084

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June 28, 2005

Registration Section
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: GAJADO, LLC

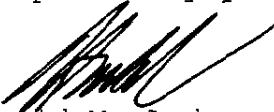
Dear Sir/Madam:

Enclosed are proposed Articles of Organization in reference to the captioned limited liability company. Also enclosed is our check in the amount of \$130.00 to cover the following:

Filing Fee for Articles of Organization	\$ 100.00
Designation of Registered Agent	25.00
Certificate of Status	5.00

If the Articles of Organization meet with your approval, please execute and return to my office.

Respectfully yours,



David M. Andrews

DMA:dds
Enclosure

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

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DIVISION OF CORPORATIONS,
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

GAJADO, LLC

ARTICLE II - Address:

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

Principal Office Address:

DONNA KELLEY

116 GRAND OAKS DRIVE

ST. AUGUSTINE, FL 32080

Mailing Address:

DONNA KELLEY

116 GRAND OAKS DRIVE

ST. AUGUSTINE, FL 32080

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

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

DONNA KELLEY

Name

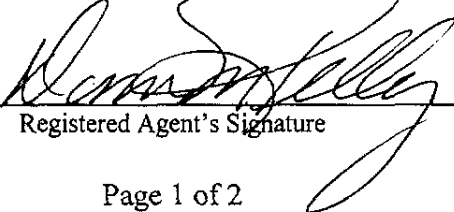
116 GRAND OAKS DRIVE

Florida street address (P.O. Box NOT acceptable)

ST. AUGUSTINE, FL 32080

City, State, and Zip

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 - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

DONNA KELLEY
116 GRAND OAKS DRIVE
ST. AUGUSTINE, FL 32080

(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.)

DONNA KELLEY

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)