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(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Bu	isiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			
Office Use Only				



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M. HODGES

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: GULFST	REAM REALTY ADVISORS		
	(Name of Limite	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Sean P.	McMullen		
	O	Name of Person)	
Gulfstream Realty A	dvisors, LLC		
		Firm/Company)	
1989 Pleasa	ant Drive		
		(Address)	
North Palm Beach, FL 33408			
	(City,	/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information of	concerning this matter, please	call:	
Sean P. McMullen	of Person)	at (561) 626-0123	-11
(IARIIE	oi reison)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	v ie.			
The hand of the Difficot Blacking Company	y 13.			
Gulfstream Realty Advisors, LLC				
ARTICLE II - Address:				
The mailing address and street address of the	ne principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1989 Pleasant Drive	1989 Pleasant Drive			
North Palm Beach, FL 33408	North Palm Beach, FL 33408			
The name and the Florida street address of the	ered Office, & Registered Agent's Signature: the registered agent are:			
Sean P. McMullen	Sean P. McMullen			
Name				
1989 Pleasant Drive				
Florida stree	et address (P.O. Box NOT acceptable)			
North Palm Beach, FL 33	408 _{FL}			
City, State, and Zip				
liability company at the place designated	d to accept service of process for the above stated limited 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..

(CONTINUED)

Page 1 of 2

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

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

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM	Sean P. McMullen
WGI (W)	1989 Pleasant Drive
	North Palm Beach, FL 33408
	Horary ann Boast, i E 60-400
to the second se	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE: Sear Mu	MQ
Signature of a member of	an authorized representative of a member.
	r608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)
Sean P. McMullen	
Typed	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)