

L05000086368

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : ROBERTS, SEWARD & COMPANY PA  
Account Number : I20040000178  
Phone : (813) 225-1040  
Fax Number : (813) 221-3135

**LIMITED LIABILITY COMPANY**  
**7 GABLES REAL ESTATE SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	013
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

7 GABLES REAL ESTATE SERVICES, 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:8601 MAGNOLIA ST.  
GIBSONTON, FL 33534-SAME-**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

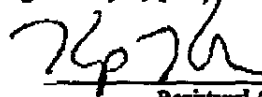
KIP KEEBLER

Name

8601 MAGNOLIA ST.Florida street address (P.O. Box NOT acceptable)GIBSONTON FL 33534

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 this 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 605, F.S.



Registered Agent's Signature

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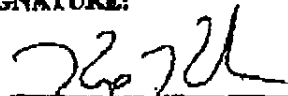
(CONTINUED)

**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:**MGRKIP KEEBLER8601 MAGNOLIA ST.GIBSONTON, FL 33534

(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 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

KIP KEEBLER

Typed or printed name of signer

**Filing Fee:****\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**SECRETARY OF STATE  
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