

L05000123692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

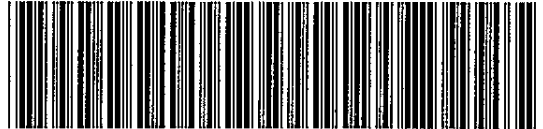
(Document Number)

Certified Copies _____

Certificates of Status _____

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DIVISION OF CORPORATIONS
2005 DEC 29 PM 2:59

DB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULFSTREAM LIMOUSINE SERVICE, 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:

GARY D SCHATZ

(Name of Person)

GULFSTREAM LIMOUSINE SERVICE, LLC

(Firm/Company)

1040 BAYVIEW DRIVE SUITE 318

(Address)

FORT LAUDERDALE FL 33304

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY SCHATZ

(Name of Person)

at (954) 566-0440

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certificate of Status
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certificate of Status
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2005 DEC 29 PM 2:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GULFSTREAM LIMOUSINE SERVICE, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

901 SOUTH FEDERAL HIGHWAY
HALLANDALE FL 33009

Mailing Address:

1040 BAYVIEW DRIVE SUITE 318
FORT LAUDERDALE FL 33308

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

GARY SCHATZ

Name

1040 BAYVIEW DRIVE SUITE 318

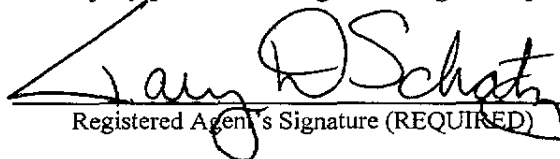
Florida street address (P.O. Box **NOT** acceptable)

FORT LAUDERDALE FL 33304

City, State, and Zip

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DIVISION OF CORPORATIONS
2005 DEC 29 PM 2:59

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 (REQUIRED)

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

GARY SCHATZ

1040 BAYVIEW DRIVE SUITE 318

FORT LAUDERDALE FL 33304

MEMBER

HERBERT BARKER

1040 BAYVIEW DRIVE SUITE 318

FORT LAUDERDALE FL 33304

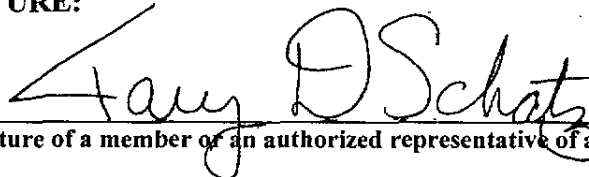
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

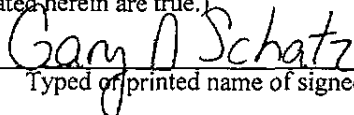
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)


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)

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

GARY SCHATZ

Name

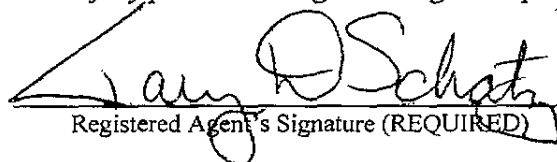
1040 BAYVIEW DRIVE SUITE 318

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FORT LAUDERDALE FL 33304

City, State, and Zip

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Registered Agent's Signature (REQUIRED)

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DIVISION OF CORPORATIONS
DEC 29 PM 2:59

(CONTINUED)

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

GARY SCHATZ

1040 BAYVIEW DRIVE SUITE 318

FORT LAUDERDALE FL 33304

MEMBER

HERBERT BARKER

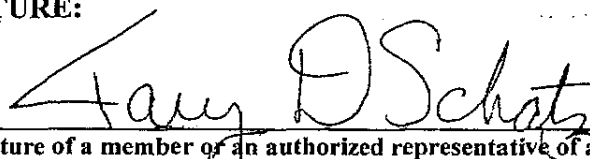
1040 BAYVIEW DRIVE SUITE 318

FORT LAUDERDALE FL 33304

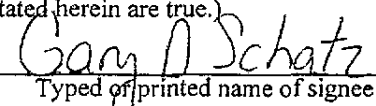
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- \$ 5.00 Certificate of Status (Optional)

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4005 DEC 29 PM '05