

**L060000026792**

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

From:  
Account Name : STANTON AND GASDICK, P.A.  
Account Number : 075350000152  
Phone : (407) 423-5203  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Gekko Investments, LLC**

Certificate of Status	0
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Page Count	03
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**ARTICLES OF ORGANIZATION OF  
GEKKO INVESTMENTS, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the limited liability company (hereinafter referred to as the "Company") is "GEKKO INVESTMENTS, LLC".

**ARTICLE II — Address:**

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

1784 Cassingham Circle  
Ocoee, Florida 34761

**ARTICLE III — Registered Agent:**

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

Sara Keeler  
1784 Cassingham Circle  
Ocoee, Florida 34761

**ARTICLE IV — Management:**

The Company is to be managed by members.

**ARTICLE V — Limitation on Agency Authority of Members:**

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

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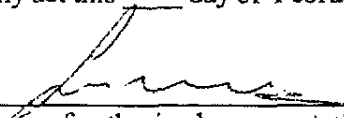
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IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this \_\_\_\_\_ day of February, 2006.


  
\_\_\_\_\_  
Signature of authorized representative  
Sara Keeler

(In accordance with section 608.408(3), Florida Statutes, the execution of this change constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
  
\_\_\_\_\_  
Signature of Registered Agent  
Sara Keeler

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