

L060000030169

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

W06-9585

N. Outigan MAR 22 2006



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2006

DOROTHY GAMBLE  
1101 FAIRVIEW RD  
SYLVA, NC 28779

SUBJECT: RONALD A GAMBLE & DOROTHY LEE GAMBLE TRUST, LLC  
Ref. Number: W06000009585

We have received your document for RONALD A GAMBLE & DOROTHY LEE GAMBLE TRUST, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 506A00013679

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RONALD A GAMBLE, TRUST  
(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:

RONALD A GAMBLE

(Name of Person)

(Firm/Company)

1101 FAIRVIEW ROAD

(Address)

SYLVA, NC 28779

(City/State and Zip Code)

For further information concerning this matter, please call:

RONALD GAMBLE at 828 631-9999  
(Name of Person) (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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|---|

**Mailing Address**

Registration Section  
Division of Corporations  
Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

RONALD A GAMBLE TRUST, 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:

602 DUVAL STREET  
KEY WEST, FLORIDA 33040

### Mailing Address:

1101 FAIRVIEW ROAD  
SYLVA, NORTH CAROLINA 28779

## 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:

RONALD A GAMBLE, TRUSTEE

Name

602 DUVAL STREET

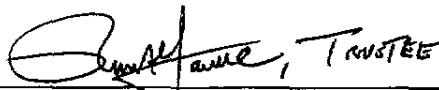
Florida street address (P.O. Box **NOT** acceptable)

KEY WEST, FL 33040

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

 RONALD A GAMBLE, TRUSTEE

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:**

MGR

RONALD A GAMBLE TRUSTEE

1101 FAIRVIEW ROAD

SYLVA, NC 28779

MGRM

DOROTHY L GAMBLE, TRUSTEE

1101 FAIRVIEW ROAD

SYLVA, NC 28779

(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.)

RONALD A GAMBLE, TRUSTEE

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**