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## **COVER LETTER**

TO:	Registration Sec Division of Cor			
SUBJE	ст:	Gain Develop Indus	strial, L.L.C. Liability Company)	
The end	closed Articles of	Organization and fec(s) are su	ibmitted for filing.	
Please t	eturn all correspo	ondence concerning this matte	r to the following:	
	Den	ise Sparta		
,			vame of Person)	
	Saundry A	Associates, Inc.		
•			Firm/Company)	
	9220 Bor	ita Beach Road	, Suite 215	
·			(Address)	
	Bonita S	orings, Florida	34135	
		(C'ity	(State and Zip Code)	
For fur	ther information o	concerning this matter, please	call:	
Rich	ard A. Sha	pack, Esq.	248 \ 505-80	08
		of Person)	(Area Code & Daytime T	elephone Number)
Enclos	ed is a check fo	r the following amount:		
<b>∆</b> (\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section	Street/Courier Address Registration Section	<u> </u>

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

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

ARTICLE 1 - Name:	
The name of the Limited Liability Compar	y is:
Gain Develop Industrial	, L.L.C.
(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 t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9220 Bonita Beach Road, Suite 215	same
Bonita Springs, Florida 34135	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Denise Sp	Registered Agent. You must designate an individual or another  the registered agent are:  arta
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Denise Sp	Registered Agent. You must designate an individual or another the registered agent are:
The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Denise Sp  9220 Bonita Beach	Registered Agent. You must designate an individual or another  the registered agent are:  arta  Name  Road, Suite 215
The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Denise Sp  9220 Bonita Beach	Registered Agent. You must designate an individual or another  the registered agent are:  arta  Name
The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Denise Sp  9220 Bonita Beach  Florida street  Bonita Springs	Registered Agent. You must designate an individual or enother  the registered agent are:  arta  Name  Road, Suite 215  pet address (P.O. Box NOT acceptable)  FL. 34135
The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Denise Sp  9220 Bonita Beach  Florida street  Bonita Springs	Registered Agent. You must designate an individual or another  the registered agent are:  arta  Name  Road, Suite 215  pet address (P.O. Box NOT acceptable)

(CONTINUED) Page 1 of 2

ARTICLE	IV-	Manager(s)	or Managing	Mambara
****	_		~,	MACHINEL (3);

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Kenneth P. Saundry, Jr.
	9220 Bonita Beach Road, Suite 215
	Bonita Springs, Florida 34135
MGRM	Richard A. Shapack
	4091 Winterset West Bloomfield, Michigan 48323
	west bloomileid, Michigan 46323
	N/A
	N/A
(Use attachment if necessary)  ARTICLE V: Effective date, if other than t	he date of filing: (OPTIONAL)
	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a men	De duction of a member.
of this document co	section 608.408(3). Florida Statutes, the execution institutes an affirmation under the penalties of perjury and herein are true.)  Typed or printed name of signee  Agency Agenc

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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