L0600050366

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(* **		
		78.
(Cri	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
, -		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500073425825

HARMATHI HITT 15年 ★新聞 (田)

06 MAY -8 AN 10: 40

McKnight MAY 1 6 2006

COVER LETTER

TO:	Registration S Division of Co			
CHD H	·	GS3 INVE	STMENTS FL, LLC	
SUBJI	ECT:	(Name of Limit	ed Liability Company)	
		of Organization and fee(s) are a		
	Louis A. S	ousa, Esq.	(A)	
		•	(Name of Person)	
	Lisa & Sou	sa, Ltd.		
			(Firm/Company)	
	5 Benefit	Street		
			(Address)	
	Providence			
·		(City	/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
	Louis A. So	ousa, Esq.	at (401) 274-06 (Area Code & Daytime T	00
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclos	ed is a check fo	or the following amount:		
x \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	กร

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa	any is:
GS3 INVESTMEN	TS FL, 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 Principal Office Address:	f the principal office of the Limited Liability Company is: Mailing Address:
Timelpar Office Address.	Maning Address.
2929 Lichen Lane #D	32 Lauren Court
Clearwater, FL 33760	Warwick, RI 02889
ADTICLE III Dogistored Agent Per	istered Office. & Registered Agent's Signature:

ARTICLE III - Registered Agent, Registered Onice, a registered agent an individual or another business entity with an active Florida registration.)

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

ARTICLE I - Name:

Gerald A. Smith, III

Name

2929 Lichen Lane, #D

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

Clearwater, FL 33760
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 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:

MGR	Gerald A. Smith, III
	32 Lauren Court
	Warwick, RI 02889
MGR	Allison B. Smith
	32 Lauren Court
	Warwick, RI 02889
	
Use attachment if necessary)	
• •	
EV: Effective date, if other than the	ne date of filing: (OPTIO

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.)

Gerald A. Smith, III

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)

04:01 WV 8- AW 90