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## **COVER LETTER**

	Registration Sec Division of Corp		•	•
SUBJEC	т:(	Specko Ente (Name of Limited	rocises 4.4.9  I Hability Company)	<b></b>
The enclo	sed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please ret	um all correspo	ndence concerning this matte	r to the following:	
		Robert J. K	rzak	
		0	Name of Person)	
		Gecko En	terprises 22 Firm/Company)	۷
		119 Egst	Ogden Ave	Suite 10
		Unispala	Ogden Aue (Algeress) /LL/Nois (State and Zip Code)	-0501
		City/	/State and Zip Code)	70321
For further	er information o	oncerning this matter, please	call:	
K	Pobert	KrZAK	at (630) 390 (Area Code & Daytime Te	- 1000
	(Name o	f Person)	(Area Code & Daytime To	lephone Number)
Enclosed	l is a check for	the following amount:		
\$125.0	O 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 Corporation Clifton Building 2661 Executive Center Tallahassee, EL 32301	is.

FILED

06 JUL 24 PM 1:57

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:
Gecko Enterprises 42 C (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "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 the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
15055 Tanarind Cay Court Gecko Hospitality UNIT 1206 Fort Myers, Fl 33908 Hinsdale, IL 60521
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:  Robert Krzak
15055 TAMANNA CAY Ct. UNIT 1206  Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)  For Myers  FL 33908  City, State, and Zip
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)  SECRETARY ALLAHASSE  (CONTINUED)
(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	Name and Address:
"MGRM" = Managing Member  MGRM" = Managing Member	Robert Krzak 15055 Tamaring CAN CT. #120 Fort Myers Fl 33508
MGRM	Sheri Krzak 3935 Glendenning Rd Donners Grove, IRLINOIS 60515
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<del></del>	
RTICLE V: Effective date, if other than an effective date is listed, the date muor 90 days after the date of filing.)	n the date of filing: August 1, 2006. (OPTIONAL) ast be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	ember or an authorized representative of a member.
(In accordance wi of this document that the facts st	ith section 608.408(1). Elorida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
Filing Fees:	Typed or printed name of signee LCREIA
\$125.00 Filing Fee for Articles of of Registered Agent	in the second se
\$ 30.00 Certified Copy (Optional \$ 5.00 Certificate of Status (Optional	