

L07000025532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

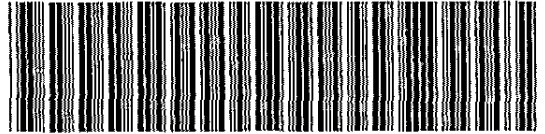
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RECEIVED  
07 MAR - 7 PM 3:56  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 MAR - 7 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GRAY ROBINSON  
ATTORNEYS AT LAW

March 7, 2007

**VIA HAND DELIVERY**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: IBH Gateway, LLC  
Our File No. 390285-1

Dear Madam or Sir:

Enclosed are an original and one copy of Articles of Organization of **IBH GATEWAY, LLC**.  
**PLEASE FILE THESE ARTICLES AND ISSUE A CERTIFIED COPY.**

A check in the amount of \$155.00 is enclosed for the filing fee and cost of the certified copy.  
Upon receipt of this request, please date-stamp the copy of this letter attached. Also, please call  
me at (850) 577-9090 x2832 when the certified copy is ready to be picked up.

Thank you for your assistance in this matter.

Sincerely,

*Mari-Jo Lewis-Wilkinson*  
Mari-Jo Lewis-Wilkinson  
Paralegal

Enclosures

SUITE 600  
301 SOUTH BRONOUGH ST. (32301)  
POST OFFICE BOX 11189  
TALLAHASSEE, FL 32302-3189  
TEL 850-222-7717  
TEL 850-577-9090  
FAX 850-222-3494  
FAX 850-577-3311  
gray-robinson.com

E-MAIL ADDRESS  
mwilkinson@gray-robinson.com

FILED  
07 MAR 17 AM 9:17  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION**  
**FOR FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
07 MAR -7 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

IBH GATEWAY, LLC

**ARTICLE II - Address:**

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

10521 OAKVIEW POINT TERRACE  
GOTHA, FL 34734

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

JAMES BALLETTA  
301 E. PINE STREET, SUITE 1400  
ORLANDO, FL 32801

*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

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

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.

  
\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE'S SIGNATURE

JAMES BALLETTA

Typed or printed name of signee

**FILING FEES:**

\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)