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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

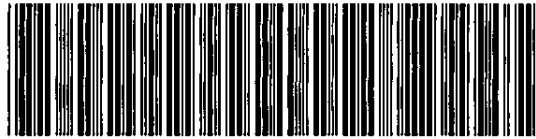
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/08/07--01005--004 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY -8 AM 11:12

FILED

**Law Office of
Jamie B. Greusel, Esquire**

1104 North Collier Boulevard
Marco Island, FL 34145
239-394-8111

Jamie B. Greusel
Licensed in FL and NJ

April 27, 2007

State of Florida
Department of State
Corporate Division
P.O. Box 6327
Tallahassee, FL 32314

RE: Gulf States Warranty, LLC

Gentlemen/Ladies:

Enclosed please find:

1. Duplicates of the Articles of Organization for Gulf States Warranty, LLC
2. Check in the amount of \$155.00 for the filing fee and certified copy.

Kindly file.

Sincerely,


Jamie B. Greusel, Esq.

JBG:rs

Enclosures

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gulf States Warranty, 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:

720 S. Collier Blvd.

Marco Island; Florida 34145

Mailing Address:

1104 N. Collier Blvd.

Marco Island, Florida 34145

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:

Jamie B. Greusel, Esq.

Name

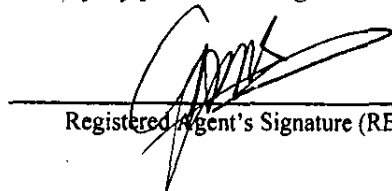
1104 N. Collier Blvd.

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

Marco Island FL 34145

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

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TALLAHASSEE, FLORIDA

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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:

MGRM

Duane Hughes

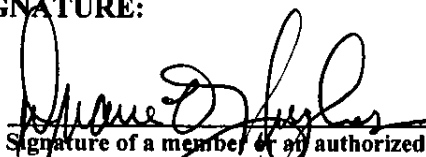
720 S. Collier Blvd.

Marco Island, FL 34145

(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.)

DUANE C. HUGHES
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)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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