

L070000083773

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

07 AUG 15 AM 11:38**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****RECEIVED****07 AUG 15 AM 7:02****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****FLORIDA/FOREIGN LIMITED LIABILITY CO.****Garretson Associates, LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Garretson Associates, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:10539 SW Southgate Court
Port Saint Lucie, Florida 34987**Mailing Address:**10539 SW Southgate Court
Port Saint Lucie, Florida 34987**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:

Robyn Candarini

Name

10539 SW Southgate CourtFlorida street address (P.O. Box **NOT** acceptable)Port Saint Lucie FL 34987

City, State, and Zip

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DIVISION OF CORPORATE REGISTRATION

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)

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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:MGRMRobyn Candarini10539 SW Southgate CourtPort Saint Lucie, Florida 34987MGRMPeter J. Candarini10539 SW Southgate CourtPort Saint Lucie, Florida 34987MGRMDonna Werner22 Garretson AvenueStaten Island, New York 10304MGRMEric Werner22 Garretson AvenueStaten Island, New York 10304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Perpetual (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.)

Robyn Candarini

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)