Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850)385~6735

Fax Number

: (954)641-4192

FLORIDA/FOREIGN LIMITED LIABILITY CO.

GALARDI EAGLE LAKES, LLC

7.5	* * : <u></u>
Certificate of Status	O
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Monu

Corporate Filing Monu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GALARDI EAGLE LAKES, LLC, a Florida Limited Liability Company

(Must end with the words "Limited Liability Company, "L.L.C.," or "1,1.C.")

ARTICLE II - Address:

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

Frincipal Office Address:	Mamne Address:	
1730 N.E. Expressway NE. Suite 200	1730 N.E. Expressway NE. Suite	200
Adenta, GA 30129	Atlanta, GA 30329	
ARTICLE III - Registered Agent, Re (The Umited Clability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an ind	t's Signature: Evidual er another
The name and the Florida street address	s of the registered agent are:	SECRE
STEVE ENNIS		

Name

c/o Crazy Horse - 17800 N.E. 5TH AVENUE
Florida street address (P.O. Box NOT accoptable)

MIAMI, FL 33122

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 farther 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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<u>Title:</u> "MGR" = Manager	Name and Address:
"MORM" - Managing Member	
MGRM	JACK E. GALARDI
	1730 N.E. Expressivay NE, Suite 200
	Attenta, GA 30329
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•	•
(Use attachment if necessary)	SE C
CLE V: Effective date, if other than the	he date of filing:
effective date is listed, the date must	he specific and cannot be more than five business days pri
00 days after the date of filing.)	OF STATE FLORID
·	ron sta
RECURED SIGNATURE: /	新·新·
Tow &	a
	ber or an authorized representative of a member.
Signature of a mem	ther or an authorized representative of a member.
(In accordance with of this document oor	section 605.408(3). Florida Statutes, the execution assitutes as affirmation under the penalties of periury
On accordance with	section 603.403(3). Florida Statutes, the execution astitutes an affirmation under the penalties of perjury defecting true,)

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 50.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

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