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| (Requestor's Name) | | |
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| (Address) | | |
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| . (City/State/Zip/Phon | e #) | |
| PICK-UP WAIT | MAIL | |
| (Business Entity Nar | me) | |
| (Document Number) | · · · · · · · · · · · · · · · · · · · | |
| Certified Copies Certificates | s of Status | |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: | Registration S Division of Co | | | | |
|--------|--|---|--|---|--|
| CHDI | Gator Ho | ome Buyers, LLC | | | |
| SUBJ | SUBJECT: (Name of Limited Liability Company) | | | | |
| The en | nclosed Articles of | Organization and fee(s) are | submitted for fili | ng. | |
| Please | return all correspo | ondence concerning this mat | ter to the following | ng: ' | |
| | Mark E. Bean | nenderfer | | | |
| | | | (Name of Person) | | |
| | Gator Home | Buyers, LLC | | | |
| | | | (Firm/Company) | | |
| | PO Box 3504 | 34 | • | , | • |
| | | | (Address) | | |
| | Jacksonville, | FL 32235 | • | . * | |
| • | | (Cit | y/State and Zip Co | de) | |
| For fu | ther information of | concerning this matter, please | e call: | | |
| Mark | E. Beamende | erfer | 904 at (| 372-0909 | · |
| | (Name | of Person) | | ode & Daytime Tel | ephone Number) |
| Enclos | sed is a check fo | r the following amount: | | | |
| \$125 | .00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Fili Certified C (additional co | _ | \$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 | Registra Divisio Clifton 2661 E: | Courier Address ation Section n of Corporation Building xecutive Center (ssee, FL 32301 | s |

Effective Date 01/11/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | RT | CI | F 1 | T _ ` | Na | ma. |
|---|----|----|------|-------|-----|-----|
| А | КI | | a Pa | - | N 2 | me: |

The name of the Limited Liability Company is:

Gator Home Buyers, LLC

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

ARTICLE II - Address:

Dringing | Office Address

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

Mailing Address

| Principal Office Address: | <u>waning Address:</u> | |
|--|--|---|
| Gator Home Buyers, LLC 7920 Merrill Rd. #1305 | Gator Home Buyers, LLC P.O. Box 350434 | _ |
| Jacksonville, FL 32277 | Jacksonville, FL 32235 | |

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:

Mark E. Beamenderfer

Name

1505 Osceola Ave.

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

Jacksonville Beach, FL 32250

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 Chapt 608. F.S.

Registered Agent (Signature (REQUIRED)

FILED STATE STORE OF CORPORATIONS

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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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| MGR | Mark E. Beamenderfer 1505 Osceola Ave. Jacksonville Beach, FL 32250 |
| MGRM | Kory Grietens P.O. Box 38 Ponte Vedra, FL 32004 |
| | |
| | |

(Use attachment if necessary)

. (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: 1/11/2008 (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.)

Mark E. Beamenderfer

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)