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(Re	questor's Name)	
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SECRETARY OF STATE
ALLAHASSEF, FI ORIGA

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	G+S Real Estate Advisons, L.L.C.
50202	(Name of Limited Liability Company)
The end	osed Articles of Organization and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	SEAN 7. SIEBERT (Name of Person)
•	(Name of Person)
	GdS Real Estate Advisorys, L.L.C.
	(Firm/Company)
	101 ARDAU CT.
	(Address)
	St. Augustine, FL 32095 (City/State and Zip Code)
	(City/State and Zip Code)
For fur	ner information concerning this matter, please call:
	(Name of Person) at (904) 824-2725 (Area Code & Daytime Telephone Number)
	(1.1.1.2.2.2.2.2.3, 1.1.4,
Enclos	ed is a check for the following amount:
⊒ \$125.	O Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
G + S Real Estate Ac (Must end with the words "Limited Liabil	
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
101 ARNAU CT. St. Augustine, Fl 32095	101 ARNAM CT. St. Augustine, FL 32095
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
	lopmest Group, L.L.C.
Name	
MACAA 10	dress (P.O. Box <u>NOT</u> acceptable)
_	
St. Augustine City, State,	FL 32095 and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete paccept the obligations of my polition as region.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	SEAN P. SIEBERT
	101 ARNAU CT.
•	St. Augusline, FL 32095
MGR	Robert E. Glauz
	405 Givens St.
	SALASOTA, FL 34242
,	
(Use attachment if necessary) CLE V: Effective date, if other than effective date is listed, the date mu	the date of filing: 3/17/08. (OPTIONAL) st be specific and cannot be more than five business days pri
CLE V: Effective date, if other than effective date is listed, the date mu	the date of filing: 3/17/08 (OPTIONAL) ast be specific and cannot be more than five business days pri
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