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03/24/08--01022--022 **160.00

COVER LETTER

Division of Corporations	
SUBJECT: PRO-GULF PROPERTIES, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JEFFREY S. MUELLER (Name of Person)	
PRO-GULF PROPERTIES, LLC	
620 SW 56 TH ST. (Address)	
CAPE CORAL, FL. 33979	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JEFFREUS MUELLER at (239) 541-251355 (Name of Person) (Area Code & Daytime Telephone Number) or	
(262) 966 - 0260 Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}} \$\text{S160.00 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 MoTE; PLEASE 1550 A LETTER OF ACKNOWLEDGME FREE OF CHARGE, C Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 REGISTRATION AS	
REQUESTED HERE	BY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRO-GULF PROPER (Must end with the words "Limited Liability	· · · · · · · · · · · · · · · · · · ·
ARTICLE II - Address: The mailing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
CAPE CORAL, FL 33914	CAPECORAL, FZ.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. You must designate an individual or another
JEFFREM 5.	MUELLE SEE
Florida street addre OPF CORAL City, State, an	FL 33914
liability company at the place designated in the registered agent and agree to act in this capacity.	ecept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance 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)

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:
<u>mgr</u>	ANN M. STONE GZO SW SG TH ST. CAPE CORAL, FL 33914
	ZING MARI ZIL SECRE AII N
	A ID SS
(Use attachment if necessary) ARTICLE V: Effective date if other than to or 90 days after the date of filing.)	*SAME" Ne date of filing: . (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	aber or an authorized representative of a member.
(In accordance with of this document co that the facts state	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury in the herein are true.) WW STOVE 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)