

LO8000036765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

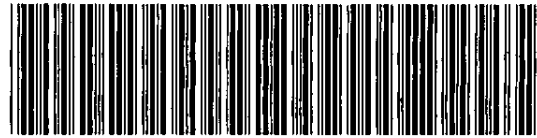
Special Instructions to Filing Officer:

**A. LUNT**

APR 11 2008

**EXAMINER**

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04/10/08--01020--004 \*\*130.00

**FILED**

2008 APR 10 A 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Gulfstream Financial Management, LLC**  
**1560 Sawgrass Corporate Parkway, 4<sup>th</sup> Floor**  
**Sunrise, Florida 33323**

**TO: Registration Section**

**Division of Corporations**

**SUBJECT: Gulfstream Financial Management, LLC**

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Mr. A. I. Schweitzer  
c/o Liability Management Corporation  
1560 Sawgrass Corporate Parkway, 4<sup>th</sup> Floor  
Sunrise, Florida 33323

For further information concerning this matter, please call:

Mr. A. I. Schweitzer  
at ( 954) 331.4663

Enclosed is a check for the following amount:  
\$130.00 Filing Fee & Certificate of Status

**Mailing Address Street/Courier Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314 2661

Thank you

  
A. I. Schweitzer  
Incorporator

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR  
Gulfstream Financial Management, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Gulfstream Financial Management, LLC**

**ARTICLE II - Address:**

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

**1560 Sawgrass Corporate Parkway, 4<sup>th</sup> Floor  
Sunrise, Florida 33323**

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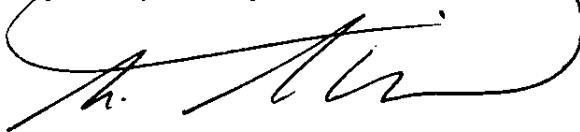
**ARTICLE III - Registered Agent, Registered Office, &  
Registered Agent's Signature:**

**Liability Management Corporation**

The name and the Florida street address of the registered agent are:

**Liability Management Corporation  
1560 Sawgrass Corporate Parkway, 4th Floor  
Sunrise, Florida 33323**

*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

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

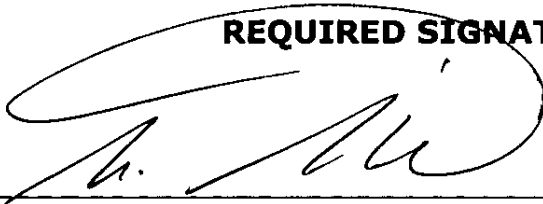
**Title: Name and Address:**

MGRM

A. I Schweitzer c/o Liability Management Corp.  
1560 Sawgrass Corporate Pkwy., 4<sup>th</sup> Floor  
Sunrise, Florida 33323

**ARTICLE V:** Effective date, if other than the date of filing: **Filing Date**

**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.)*

A. I. Schweitzer

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 5.00 Certificate of Status (Optional)**

**Total: \$130.00**

**Page 2 of 2**

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TALLAHASSEE, FLORIDA