

L08UUU90277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

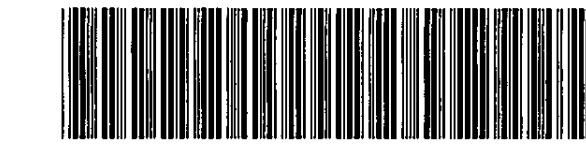
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000136114130

09/22/08--01022--004 **160.00

FILED
08 SEP 22 AM 10:35
SACRAMENTO STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 9/19/08

B. KOHR
SEP 23 2008
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ANN GATES 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:

EFFECTIVE DATE 9/19/08

ANN GATES
(Name of Person)

(Firm/Company)

1249 NE 19th ST
(Address)

Ocala, FL 34470
(City/State and Zip Code)

08 SEP 22 AM 10:35
TALLAHASSEE, FLORIDA
FILED
STATE

For further information concerning this matter, please call:

Ann Gates at 352, 867-0749
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee &
Certificate of Status Certified Copy
(additional copy is enclosed) \$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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE 9/19/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ann Gates LLC

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

08 SEP 22 AM 10:35
FILED
FLORIDA
STATE OF
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

1249 NE 10th ST
Ocala, FL 34470

Mailing Address:

same

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:

Ann Gates
Name

1249 NE 10th ST
Florida street address (P.O. Box NOT acceptable)
Ocala FL 34470
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 Chapter 608, F.S..

Ann Gates

Registered Agent's Signature (REQUIRED)

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR**Name and Address:**Ann Gates1240 NE 19th STOcala, FL 34470

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/19/2008. (OPTIONAL)
(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:Ann Gates

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.)

Ann Gates

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)