L08000103467

/ (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 Office RS
NOV - 5 2008
EXAMINER

Office Use Only



100136914631

10/20/08--01031--012 **125.00

L I L L L

COVER LETTER

Division of Co			
SUBJECT: GO PF	RO FLORIDA, LLC		
	(Name of Limit	ed Liability Company)	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
PAUL E R	EDDISH		
		(Name of Person)	<u> </u>
GO PRO	FLORIDA, LLC		
		(Firm/Company)	
4549 BRY	NWOOD DRIVE		
		(Address)	
NAPLES,	FL 34119		
	(Cit	y/State and Zip Code)	
For further information	concerning this matter, please	e call:	
PAUL E REDE	oish [′]	at (239) 370-530	0
(Name	of Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a check for	or the following amount:		
▼\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 C	



October 21, 2008

PAUL E. REDDISH 4549 BRYNWOOD DRIVE NAPLES, FL 34119

SUBJECT: GO PRO FLORIDA, LLC

Ref. Number: W08000048298

We have received your document for GO PRO FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P06000065191.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 008A00054476

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company is:	
GO PRO FLORIDA, LLC BAILE	TY BECKETT & FISH, LLC
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3455 PINE RIDGE ROAD, SUITE 107 NAPLES, FL 34109	3455 PINE RIDGE ROAD, SUITE 101 NAPLES, FL 34109
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 re-	egistered agent are:
PAUL E REDDISH	
Name	
4549 BRYNWOOD D	RIVE
	ress (P.O. Box NOT acceptable)
NAPLES, FL 34119	FL
City, State, at	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	ccept service of process for the above stated limited also certificate, I hereby accept the appointment as a limited appointment as a limiter agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter, 608, F.S
Registered Agent's Signatu	Use (REQUIRED)
(CONTINI	Erlonio

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:

MGRM	PAUL E REDDISH	
	4549 BRYNWOOD DRIVE	
	NAPLES, FL 34119	
	-	
(Use attachment if necessary)		
E No. Efficient de la life de contract de	e date of filing:	(OPTION

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.)

PAUL E REDDISH

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)