

L09000008071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

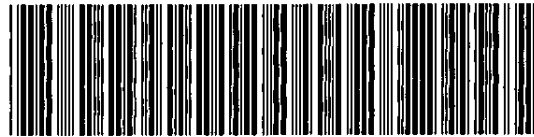
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300140933523

01/22/09--01002--007 **155.00

RECEIVED
09 JAN 22 AM 9:47
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

EFFECTIVE DATE 1/26/09

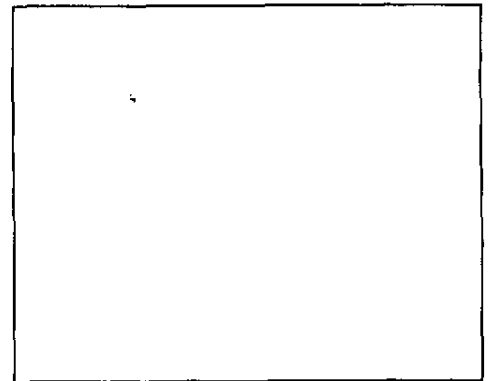
FILED
09 JAN 22 PM 4:15
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

B. KOHR

JAN 26 2009

EXAMINER

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

GALLOWAY, LLC

CK# 3744

AMOUNT \$155.00

EFFECTIVE DATE 1/26/09

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

___ CERTIFICATE OF STATUS

FILED
09 JAN 22 PM 4:15
TALLAHASSEE, FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2009

FLORIDA RESEARCH & FILING SERVICES
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301

SUBJECT: GALLOWAY, LLC
Ref. Number: W09000003309

EFFECTIVE DATE 1/26/09

RECEIVED
09 JAN 26 PM 12:56
FILED
09 JAN 22 PM 4:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for GALLOWAY, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 109A00002306

* RE-SUBMITTING
W/ CORRECTIONS
PLEASE RETAIN
ORIGINAL
SUBMISSION
DATE: 1-22-09

EFFECTIVE DATE 1/26/09

ARTICLES OF ORGANIZATION
FOR
GALLOWAY RESIDENCES, LLC

FILED
09 JAN 22 PM 4:15
STATE
TALLAHASSEE, FLORIDA

ARTICLE I
Name

The name of the Limited Liability Company is **GALLOWAY RESIDENCES, LLC**.

ARTICLE II
Address

The mailing address and street address of the principal office of the Limited Liability Company is: 9769 S. Dixie Highway, Suite 201, Miami, Florida, 33155.

ARTICLE III
Existence; Duration

This limited liability company shall have a perpetual existence, unless dissolved according to law, commencing on the 26th day of January, 2009.

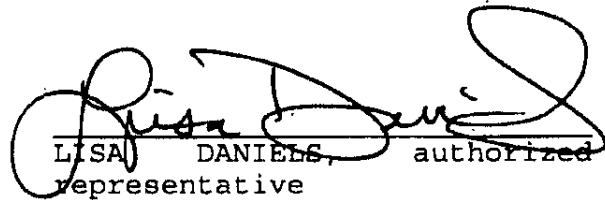
ARTICLE IV
Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be Therrel Baisden, P.A., SunTrust International Center, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131 and the name of the initial registered agent of the Limited Liability Company at that address is Lisa Daniels, Esq.

ARTICLE V
Manager-Managed Company

The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company.

The undersigned authorized representative of the members of GALLOWAY RESIDENCES, LLC, hereby executes these articles of organization on this 26th day of January, 2009.


LISA DANIELS, authorized
representative

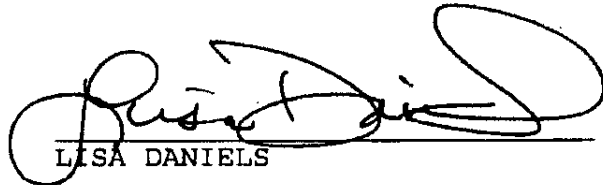
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **GALLOWAY RESIDENCES, LLC.**
2. The name and the Florida street address of the registered agent and office are:

Lisa Daniels, Esquire
Therrel Baisden, P.A.
SunTrust International Center
One S.E. 3rd Avenue, Suite 2950
Miami, Florida 33131

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.



LISA DANIELS