

L09000023329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

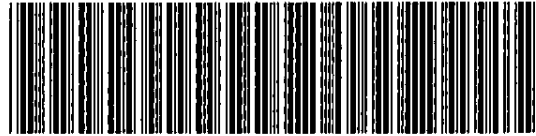
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09 MAR -6 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 10 2009

EXAMINER

## **TRANSMITTAL LETTER**

**TO:** Registered Section  
Division of Corporation

**SUBJECT:** GULFSTREAM DUPLEXES, LLC

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY M. BARBUTO, ESQ.  
12773 FOREST HILL BOULEVARD  
SUITE 209  
WELLINGTON, FL 33414

For further information concerning this matter, please call:

ANTHONY M. BARBUTO, ESQ. at 561/798-2907

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32399

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
09 MAR -6 PM 12:58  
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TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company is: GULFSTREAM DUPLEXES, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

12533 Equine Lane  
Wellington, FL 33414

**Mailing Address:**

P.O. Box 6446  
Lake Worth, FL 33466

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

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

Ignazio Ippolito  
12533 Equine Lane  
Wellington, FL 33414

*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 property 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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV – Manager(s) or Managing Members(s):**

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

Title "MGR" = Manager\_  
"MGRM" = Managing Member

Name and Address:

MGRM

Ignazio Ippolito  
12533 Equine Lane  
Wellington, FL 33414

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SECRETARY OF STATE  
TREASURER OF FLORIDA

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
IGNAZIO IPPOLITO

(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.)

**Filing Fee:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 certified Copy (Optional)**

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