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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

L. SELLERS

APR 28 2009

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*The Law Firm of*  
**MAXWELL & MAXWELL, P.A.**

405 NW THIRD STREET  
OKEECHOBEE, FLORIDA 34972

DEVIN R. MAXWELL  
ELIZABETH A. MAXWELL

TELEPHONE: 863-763-1119  
FACSIMILE: 863-763-1179  
okeechobeelawyer@yahoo.com

April 23, 2009

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: Gladd Trust, LLC.

Dear Sir or Madam:

Please find attached herewith Articles of Organization for the above-referenced entity. Also enclosed is check #5075 in the amount of \$160.00 representing your fees.

Please return the Certificate of Status and Certified copy in the self-addressed stamped envelope provided herein.

Should you have any questions regarding the foregoing, or require further assistance, please do not hesitate to contact our office.

VERY TRULY YOURS,



Rubi Y. Prieto, Assistant to  
ELIZABETH A. MAXWELL

EAM/rp  
Enclosures: as stated

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gladd Trust, 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:

Elizabeth A. Maxwell, Esq.  
(Name of Person)

Maxwell + Maxwell, P.A.  
(Firm/Company)

405 NW 3rd Street  
(Address)

Okeechobee, Florida 34972  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth A. Maxwell, Esq. at ( 863 ) 463-1119  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Gladd Trust, LLC.

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

9576 SW Adams Street  
Okeechobee, FL 34974

**Mailing Address:**

9576 SW Adams Street  
Okeechobee, FL 34974

**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.)

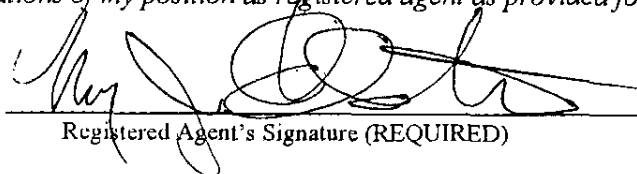
The name and the Florida street address of the registered agent are:

Mary Ekstein  
Name

9576 SW Adams Street  
Florida street address (P.O. Box **NOT** acceptable)

Okeechobee FL 34974  
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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**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

**Name and Address:**

MGR

Mary Ekstein  
9576 SW Adams Street  
Okleechobee, FL 34974

MGRM

Mary Ekstein  
9576 SW Adams Street  
Okleechobee, FL 34974

MGR

Edward J. Gladd  
23 Farrington Way  
North Augusta, SC 29860

MGRM

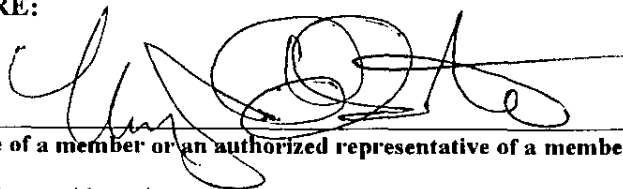
Edward J. Gladd  
23 Farrington Way  
North Augusta, SC 29860

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

  
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.)

Mary Ekstein  
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)

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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**