10900012728

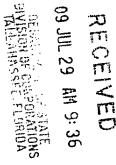
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000158828550

07/29/09--01022--001 **155.00



T. CLINE

JUL 29 2009

EXAMINER

PILED

09 JUL 29 MM 9: 45

SECRETARY OF STATE

COVER LETTER

TO:	Registration Division of C								
SUBJE	сст:	REEN EN	ER 9 i of Limit	AROC ed Liability Co	mpany	<u>LC</u>			
The end	closed Articles	of Organization and f	ee(s) are	submitted for fi	ling.				
Please	return all corre	spondence concerning	this mat	ter to the follow	ring:				
	FRE	o mela	us H	Name of Person					
-	**	en Ener		_					
-		DURAN		Addiess					
-	DE5	Tin F	<u>/) </u>	OA 3	754	· 			
_	FRE	E-mail address: (to						•	-
For furt	her information	concerning this matt	er, please	e call:					
FRe	D MCL Name	AU HLIN e of Person		at (843 Area C	ode & Daytime	Telephone Nu	mber TAE	- 00	
Enclose	ed is a check t	or the following am	ount:	/ .			CRE	<u> </u>	77
\$125. 0	00 Filing Fee	\$130.00 Filing Certificate of S		\$155.00 Fi Certified (additional c	_	Certif	O Filing To	us &	ILED
		Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	rations	Regist Divisi Cliftor 2661 E	Courier Addination Section on of Corporate Building Executive Centagora, FL 3230	ress tions ter Circle	JRIDA	45	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GEGRP LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liab	oility Company,""L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
PECD MCLAUSHCINI 211 DURANGO RD UNIT 71Z	DESTIN FLORIDA
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
FRED MCLAC	SE S
PII DURANGO RD, UNIT 712 Florida street address (P.C. DESTIN City, State,	D. Box NOT acceptable) FL 3254/ and Zip ARRY THE STATE OF THE STATE
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRW - Wallaging Wellider	FRED MCLAUGHLIU 211 PURANGO RD UNIT 712 DESTIN, FL 32541
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	m · L J + Der or an authorized representative of a member.
(In accordance with s of this document con that the facts stated h	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
FRED T	yped or printed name of signee AHASS Tanization and Designation
\$125.00 Filing Fee for Articles of Org of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	me s m