

LD9000072785

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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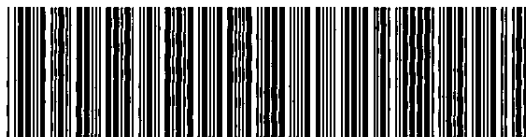
**L. SELLERS**

JUL 29 2009

**EXAMINER**

*[Handwritten signature]*

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04/13/09--01038--016 \*\*155.00

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**09 JUL 28 PM 1:33**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

DiFRANCESCA & STEELE, P.C.  
ATTORNEYS AND COUNSELLORS AT LAW  
811 BOSWELL AVENUE  
POST OFFICE BOX 548  
NORWICH, CONNECTICUT 06360

DONALD J. DiFRANCESCA  
BETH A. STEELE\*

TELEPHONE (860) 889-3871  
FACSIMILE (860) 889-7156

\*ALSO ADMITTED IN MASSACHUSETTS

April 6, 2009

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Gulf View Enterprise, LLC

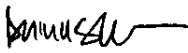
Dear Sir/Madam:

Enclosed herewith please find the Articles of Organization Domestic Limited Liability Company in connection with the above-captioned. Also enclosed please find a check in the amount of \$155.00 in payment of the fees in this matter.

Please forward a certified copy of the Articles of Organization to me at your earliest convenience.

Very truly yours,

DiFRANCESCA & STEELE, P.C.

By:   
Beth A. Steele

BAS/bnj

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Gulf View Enterprise, 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:

**Beth A. Steele**

(Name of Person)

**DiFrancesca & Steele, P.C.**

(Firm/Company)

**811 Boswell Avenue**

(Address)

**Norwich, CT 06360**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Beth A. Steele**

(Name of Person)

at ( **860** ) **889-3871**

(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:

MAYNARD'S GULF VIEW ENTERPRISE, 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:

1482 Pierce Drive  
Venice, FL 34293

#### Mailing Address:

166 Ross Hill Road  
Lisbon, CT 06351

### 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:

Joseph DiFrancesca, Jr.

Name

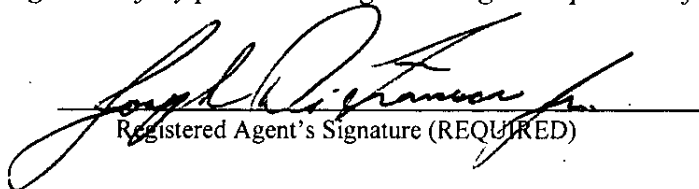
1482 Pierce Drive

Florida street address (P.O. Box **NOT** acceptable)

Venice, FL 34293

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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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:**

MGRM

Mark Maynard

166 Ross Hill Road

Lisbon, CT 06351

Tricia M. Maynard

166 Ross Hill Road

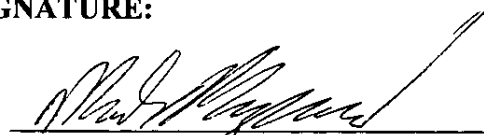
Lisbon, CT 06351

(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.)

Mark Maynard

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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09 JUL 28 PM 11:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA