

Jan. 4. 2010 1:17PMns

Page 1 of 1

L10000001131

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000001174 3)))



H100000011743ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : STETLER & SKRIVAN, PL
Account Number : I20090000052
Phone : (239) 597-4500
Fax Number : (239) 597-6904 **597-6601**

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA/FOREIGN LIMITED LIABILITY CO.
GFY of Collier County I, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

RECEIVED

10 JAN -5 AM 6:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

FILED

10 JAN -5 AM 8:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

Jan. 4. 2010 5:17PM

FILED

No. 3473 P. 2

10 JAN -5 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
GFY OF COLLIER COUNTY I, LLC**

The undersigned acting as organizer of GFY OF COLLIER COUNTY I, LLC, under the Florida Limited Liability Company Act, adopts the following Articles of Organization for said limited liability company.

ARTICLE I

NAME

The name of the limited liability company shall be GFY of Collier County I, LLC, (the "Company").

ARTICLE II

DURATION

This Company shall exist perpetually, unless dissolved according to law or as set forth in any Operating Agreement adopted by the Company.

ARTICLE III

PURPOSE

The Company is organized pursuant to the Florida Limited Liability Company Act for the purpose of conducting any lawful activity in Florida, with the powers described in the Florida Limited Liability Company Act and as set forth in any Operating Agreement adopted by the Company.

ARTICLE IV

BUSINESS ADDRESS/MAILING ADDRESS

The address of the place of business in this State of the Company shall be 720 Woodhaven Lane, Naples, Florida 34108. The mailing address of the Company shall be c/o Premier Properties Management, 134 W. Main Street, Leola, Pennsylvania 17540.

Prepared by:
Kent A. Skrivan, Esq.
Stetler & Skrivan, PL
1421 Pine Ridge Road, Suite 120
Naples, Florida 34109
(239) 597-7088
Bar #0893552

ARTICLE V
REGISTERED AGENT

The name and address of the Company's initial registered agent and registered office is Kent A. Skrivan, Stetler & Skrivan, PL, 1421 Pine Ridge Road, Suite 120, Naples, Florida 34109.

ARTICLE VI
ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted to the Company upon the consent of and approval of the existing members and then only upon the condition that a new member be bound by and become a party to any Operating Agreement of the Company.

ARTICLE VII
ADDITIONAL PROVISIONS

The effective date of this limited liability company shall be upon filing.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed this 4th day of January, 2010.

In accordance with Section 608.408(3), Florida Statutes the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

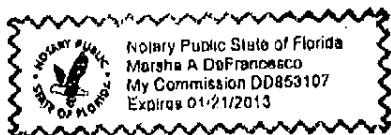
By: _____

John Calabrese, Organizer

STATE OF FLORIDA)
) ss.
COUNTY OF COLLIER)

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized to take acknowledgments, personally appeared John Calabrese, to me known to be the person described in and who executed the foregoing Articles of Organization of GFY of Collier County I, LLC. John Calabrese is personally known to me or has produced _____ as identification.

WITNESS my hand and official seal in the County and State named above, this 4th day of January, 2010.



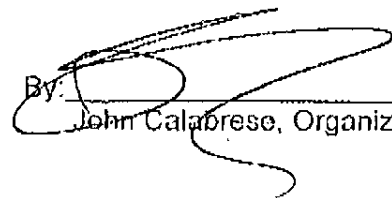
Marsha A. DeFrancesco
Notary Public
My Commission Expires:

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/RESISTERED OFFICE

In compliance with Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered agent/registered office, in the State of Florida:

1. The name of the Limited Liability Company is GFY of Collier County I, LLC
2. The name and address of the registered agent and registered office is:

Kent A. Skrivan
Stetler & Skrivan, PL
1421 Pine Ridge Road, Suite 120
Naples, Florida 34109

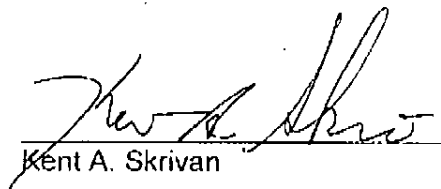
By: 
John Calabrese, Organizer

10 JAN -5 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ACCEPTANCE:

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 relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.


Kent A. Skrivan