L10000009210

(Red	questor's Name)	
(Add	dress)	
(Aut	11655)	
(Add	dress)	
		
(City	y/State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne) .
	cument Number)	
(200	sament (variber)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	

Office Use Only



400166347234

01/25/10--01056--026 **750.00

TILED

10 JAN 25 PM 3: 44

SECRETARY OF STATE

J. BRYAN
JAN 2 6 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gulf South Properties I, 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:	
Curtis Anderson	
Name of Person	
	55.0
Firm/Company	PET P
14477 U.S. Highway 331 North	JAN 25 PH 3: 4 CRETARY OF STATE
Audiess	THE REPORT OF
DeFuniak Springs FL 32433 City/State and Zip Code	3: 44 STATE
Curtisaubrey @ embars mail. com E-mail address: (to be used for future annual report notification)	T*
For further information concerning this matter, please call:	
Curtis Anderson at (850) 892-7432. Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$155.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \] \$160.00 Filing Fee \$\ \text{Certified Copy} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \]	of Status &
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:

Gulf South Propertie (Must end with the words "Limited Liabili	S I, LLC ty Company," "IL.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14477 US Hwy 331 N DeFuniak Spgs FL 32433	14477 U.S. Hwy 331 N Defuniak Spgs FL 32433
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
<u>Curtis Ande</u>	erson AR C
Name	y 331 North SEE AN 25
14477 U.S. HW	7 2 3 1 1 1 1
Florida street address (P.O.	
DeFuniak Spas City, State, an	FL 32433 CONTRACTOR STATE OF S
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and
accept the obligations of my position as regist	tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Curtis Anderson 14477 U.S. Hwy 331 Nor DeFunials Spgs FL 324
	ETAR HASS
	
	FILORE L
Markey to a facility of the facility to the death of the facility of the faci	
(Use attachment if necessary) LEV: Effective date if other than the	e date of filing: (OPTIO
fective date is listed, the date must be days after the date of filing.)	e specific and cannot be more than five business
fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	_
fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	er or an authorized representative of a member.
fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated he	er or an authorized representative of a member. extion 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated he	er or an authorized representative of a member. extion 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated he	er or an authorized representative of a member. extion 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of periury