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SECRETARY OF STATE
AND ASSECTED TO THE PROPERTY OF STATE AND ASSECTED TO THE PROPERTY OF THE PROPER

J. BRYAN

JAN 2.6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporati	ions		
SUBJECT: Gulf	South Prop Name of Limited L		LLC
The enclosed Articles of Organ	ization and fee(s) are subn	nitted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
Curti	is Anders	00	
		ne of Person	
	Firm	n/Company	-
14477 U	I.S. Highwa	ay 331 Non	1th 810 -
		Addioss	<u> </u>
DeFunial	c Springs	FL 3243 te and Zip Code bara mail. Cu ture annual report notification)	HANS T
ييم و تاميي	City/Sta	te and Zip Code	SEE PI
E-m	ail address: (to be used for fu	ture annual report notification)	PR 3: 44 FEE. FLORIT
For further information concern	ing this matter, please call	•	
Curtic And	evson at	887) 892-7	T 142⊃.
Name of Person	n at (850 <u>892-7</u> Area Code & Daytime Tele	aphone Number
Employed in a sharp Court of	. 11		
Enclosed is a check for the fo		Maa oo muu oo aa aa aa	7016000 PW P
\$125.00 Filing Fee \$\int\\$13 \\ Cer	tificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	ing Address stration Section sion of Corporations Box 6327 hassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Gulf South Properti	es TV LLC ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14477 US Hwy 331 N Defuniak Spgs FL 32433	14477 US Hwy 331 N DEFuniak Spgs FL 32433
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ored Agent. You must designate an individual or another
The name and the Florida street address of the reconstruction Curtis A	egistered agent are: SECRETARY ALLAHASSE
14477 U.S. Hu Florida street address (P.O.	box NOT acceptable)
DeFuniale Spgs City, State, ar	FL 32433
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	accept service of process for the above stated limited his 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 tered agent as provided for in Chapter 608, F.S
Curtis as	ndersn
Registered Agent's Signatu	rre (REQUIRED)

(CONTINUED)

Page 1 of 2

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

4 - 1 - 1 mg

The name and address of each Manage	er or Managing Member is as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Curtis Anderson 14477 4.5. Hwy 331 Defuniak Spgs FL 3243	<u>7</u>	
	ALCAMASSE SE	10 JAN 25	77
 	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PM 3: 44	
(Use attachment if necessary)			
If an effective date is listed, the date must be o or 90 days after the date of filing.) REOUIRED SIGNATURE:	date of filing: (OPT e specific and cannot be more than five busine		
Signature of a member	r or an authorized representative of a member.		
of this document const that the facts stated her	etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury rein are true.)		
Tyj	ped or printed name of signee		
Filing Fees:			
I HIME & VIDI			