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SECRETARY OF STATE
FALLAH ASSEE OF STATE

D. BRUCE

FEB 23 2010

**EXAMINER** 

### COVER LETTER

TO:

Registration Section **Division of Corporations** 

SUBJECT:

Richard M. Gilbert Enterprises, 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:

Richard M. Gilbert

Name of Person

Firm/Company

640 S. Washington Blvd., #200

Address

Sarasota, Fiorida 34236

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard M. Gilbert

Name of Person

957-3760

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:

# Richard M. Gilbert Enterprises, 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:

## Mailing Address:

640 S. Washington Blvd., #200 Sarasota, Florida 34236

640 S. Washington Blvd., #200 Sarasota, Florida 34236

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:

Arnold D. Levine, Esquire

Name

100 South Ashley Drive, Suite 1770

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

Tampa, FL 33602

City, State, and Zip

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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. Y 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 at registered agent as provided for in Chapter 608, F.S..

Registered agent Signature (REQUIRED)

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR/MGRM

Richard M. Gilbert 640 S. Washington Blvd., #200 Sarasota, Florida 34236

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

N/A . (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.)

Richard M. Gilbert

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)