

L1D0000028384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

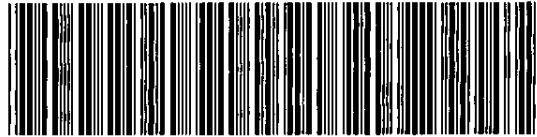
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/02/10--01042--023 \*\*130.00

T. CLINE  
MAR 15 2010  
EXAMINER

FILED  
2010 MAR -2 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2010

CHRISTOPHER O'CONNELL  
7512 DR. PHILLIPS BLVD, SUITE 50-351  
ORLANDO, FL 32819

SUBJECT: GULF MANAGEMENT GROUP, LLC  
Ref. Number: W10000010784

We have received your document for GULF MANAGEMENT GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 2, 2010. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 510A00005218

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TALLAHASSEE, FLORIDA

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From: Christopher O'Connell  
7512 Dr. Phillips Blvd, Suite 50-351  
Orlando FL. 32819  
(808) 276-4174

To: Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

Subject: Articles of Organization  
Gulf Management Group, LLC.

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GULF MANAGEMENT GROUP, 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:

CHRISTOPHER P. O'CONNELL

Name of Person

Firm/Company

7512 DR. PHILLIPS BLVD. SUITE 50-351

Address

ORLANDO, FL 32819

City/State and Zip Code

chris@gulfmanagementgroup.com

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

For further information concerning this matter, please call:

CHRISTOPHER P. O'CONNELL

Name of Person

at ( 808 ) 276-4174  
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

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

GULF MANAGEMENT GROUP, 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:

7512 DR. PHILLIPS BLVD.  
SUITE 50-351  
ORLANDO, FL 32819

#### Mailing Address:

7512 DR. PHILLIPS BLVD.  
SUITE 50-351  
ORLANDO, FL 32819

### 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:

CHRISTOPHER P. O'CONNELL

Name

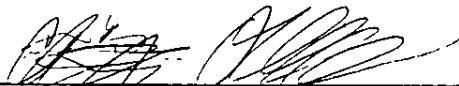
7512 DR. PHILLIPS BLVD. SUITE 50-351

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

ORLANDO FL 32819

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)

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2010 MAR - 2  
TALLAHASSEE  
SECRETARY OF STATE  
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:**

MGR

CHRISTOPHER P. O'CONNELL  
7512 DR. PHILLIPS BLVD. SUITE 50-351  
ORLANDO, FL 32819

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/2/2010<sup>CO</sup> (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.)

CHRISTOPHER P. O'CONNELL

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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TALLAHASSEE, FLORIDA

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