## 110000187127

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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EFFECTIVE DATE 8/20/10



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D. BRUCE
AUG 19 2010
EXAMINER

## COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Gulf Coast Real Estate Solutions, 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:
Robin Stickney
Name of Person
Firm/Company
17750 SW 61st Lane Rd
Address
Dunnellon, FL 34432
City/State and Zip Code
rgstickney@gmail.com  E-mail address: (to be used for future annual report notification)
Robin Stickney  Name of Person  Name of Person  Area Code & Daytime Telephone Number
Name of Person 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 & Certificate of Status   □ \$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 Com	pany is:	
Gulf Coast Real Estate Solutions	, LLC	
(Must end with the words "Lin	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
17750 SW 61st Lane Rd	17750 SW 61st Lane Rd	
Dunnellon, FL 34432	Dunnellon, FL 34432	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  Stickney Dental, L	own Registered Agent. You must designate an indisorber of the registered agent are:	
	Name	— XXXX Con 175

7651 SW HWY 200 Ste 101

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

Ocala FL 34476

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)

(CONTINUED) Page 1 of 2



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

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	
WGRW	Robin Stickney
	17750 SW 61st Lane Rd
	Dunnellon, FL 34432
MGRM	Peter Stickney
	17750 SW 61st Lane Rd
	Dunnellon, FL 34432
<del></del>	
(Use attachment if necessary)	
(Use attachment if necessary)	
CLE V: Effective date, if other than	
CLE V: Effective date, if other than effective date is listed, the date mus	the date of filing: 8/20/2010 . (OPTIONAL) st be specific and cannot be more than five business days p
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CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mer	mber or an authorized representative of a member.
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mer of this document contact the date, if other than each of the date of t	mber or an authorized representative of a member.  h section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
CLE V: Effective date, if other than effective date is listed, the date mus 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mer (In accordance with	mber or an authorized representative of a member.  h section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury

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)