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EXAMINER

10 NOV 12 PH 3: 4

SECRETARY OF STATE



ACCOUNT NO. : I2000000195

REFERENCE: 575813 7569274

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : November 12, 2010

ORDER TIME : 1:27 PM

ORDER NO. : 575813-005

CUSTOMER NO: 7569274

DOMESTIC FILING

NAME: GALAXY/1250 LLC

EFFECTIVE DATE:

	ARTICLES OF INCORPORATION
	CERTIFICATE OF LIMITED PARTNERSHIP
XX	ARTICLES OF ORGANIZATION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
	CERTIFIED COPY
XX	PLAIN STAMPED COPY
	CERTIFICATE OF GOOD STANDING
CONTACT	PERSON: Jeanine Reynolds - EXT. 2933

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Galaxy/1250 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:
4501 Gulf Shore Blvd. N., Apt. 1503	4501 Gulf Shore Blvd. N., Apt. 1503 Naples, Florida 34103
Vaples, Florida 34103	Naples, Florida 34 103
ARTICLE III - Registered Agent Regis	tered Office, & Registered Agent's Signature:
	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:

Andrew J.	Czekaj	
	Name	
4501 Gul	f Shore Blvd. N, Apt. 1503	
	Florida street address (P.O. Box NOT acceptable)	
Naples	_{FL} 34103	
	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: Title: "MGR" = Manager "MGRM" = Managing Member MGR Andrew J. Czekaj 4501 Gulf Shore Blvd., N. Apt. 1503 Naples, FL 34103 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filling: (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 filling.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Andrew J. Czekaj, Manager

Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)