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SECRETARY OF STATE
ALL AHASSEFF, FLORIO

J. BRYAN

NOV 1.9 2010

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor					·
SUBJ	ECT: Gully Ste	ez LLC .			,	
		Name of Lin	nited Liabi	lity Company		
		Organization and fee(s) a		_		
Please	return all correspo	ndence concerning this m	atter to the	following:		
	Daniel Gonza	ez	Name of	Person		
		•	Name of	1 Claur		
	Gully Steez					<u> </u>
			Firm/Co	ompany		Pro B
	24622 Victori	a Wood Court				ON 18 PM 1: 12
			Add	ress	· · · · · · · · · · · · · · · · · · ·	- SS2 - D
	l+~ El 22550					C. F. C.
	Lutz, FL 33559		City/State as	nd Zip Code		景芸を
	gullysteez@ho	otmail.com				Dr.
	<u> </u>	E-mail address: (to be use	d for future	annual report notification	on)	
For fu	rther information co	oncerning this matter, ple	ase call:			
Dani	el Gonzalez		at (81	3) 526850	08	
	Name of	Person		Area Code & Daytime	Telephone Number	
Enclo	sed is a check for	the following amount:				
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cer	5.00 Filing Fee & tified Copy litional copy is enclosed		of Status &
		Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ıs	Street/Courier Adda Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Gully Steez LLC •		
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
27426 Water Ash Drive	27426 Waster Ash Drive	
Wesley Chapel, FL	Wesley Chapel, FL	
33544	33544	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Daniel Gonzalez Name	red Agent. You must designate an individual or another egistered agent are:	
24622 Victoria Wood Court	FLOST TO	
Florida street address (P.O. Box NOT acceptable)		
Lutz, FL 33559	FL	
City, Stat	e, 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)

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 50% Daniel Gonzalez 24622 Victoria Wood Court Lutz, FL 33559 MGRM 30% Giancarlo Gonzalez 27426 Water Ash Drive Wesley Chapel, FL 33544 Steven Gonzalez MGRM 10% 30807 Lanesborough Circle Wesley Chapel, FL 33543 MGRM 10% Pedro Jimenez 31337 Kirkshire Court Wesley Chapel, FL 33543 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:___ . (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. 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.)

Daniel Gonzalez

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)