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Office Use Only



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EFFECTIVE DATE.

SECRE BANT OF AND AND DIVISION OF CORT OF AND

COVER LETTER

TO: Registration Division of C	Section Corporations		
_{subject:} Gato	r Properties of Ta	mpa, L.L.C.	
	Name of Limit	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
Kenneth	C. Jones		
		Name of Person	
		Firm/Company	
16601 V	'illalenda de Avila		
		Address	
Tampa, F	lorida 33613	,	
kai1021@		y/State and Zip Code	
kcj1021@		for future annual report notification)	
For further information	n concerning this matter, please	e call:	
Kenneth C. Jor	nes	at (813) 962-1020	
Nam	e of Person	Area Code & Daytime Telephone Numbe	r
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified	Filing Fee, e of Status & Copy 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

Gator Properties of Tam (Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16601 Villalenda de Avila	Same

The name and the Florida street address of the registered agent are:

Kenneth C. Jones

Name

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

16601 Villalenda de Avila

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

Tampa

business entity with an active Florida registration.)

ARTICLE I - Name:

_{FL} 33613

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 (REOUIRED

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:	
MGR	Kenneth C. Jones	
-	16601 Villalenda de Avila	
	Tampa, Florida 33613	
MGRM	Julía A. Jones	
100	16601 Villalenda de Avila	
	Tampa, Florida 33613	
	10-10-10-10-10-10-10-10-10-10-10-10-10-1	
	er than the date of filing: January 1, 2011. (OPTIONAL) te must be specific and cannot be more than five business days	•
REQUIRED SIGNATURE	10 DEC 13	SECRETAR SECRETAR
Signature o	of a member or an authorized representative of a member.	
(In accordance with constitutes an affirm I am aware that any	section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)	TOWN TOWN
Kenne	th C. Jones	
	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)