

L10000131866

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000277159 3)))



H100002771593ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL
Account Number : 120030000112
Phone : (239) 552-4100
Fax Number : (239) 649-1706

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
GLL II, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
10 DEC 28 AM 7:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2010 DEC 28 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY
EXAMINER

DEC 29 2010

H10000277159 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLL II, 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:

Leo J. Salvatori

Name of Person

Salvatori, Wood & Buckel, P.L.

Firm/Company

9132 Strada Place, Fourth Floor

Address

Naples, FL 34108

City/State and Zip Code

ljs@swbnaples.com

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

For further information concerning this matter, please call:

Leo J. Salvatori

Name of Person

at (**239**) **552-4106**

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

H10000277159 3

FILED
2010 DEC 28 AM 10:39
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

H10000277159 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLL II, 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:

801 Laurel Oak Drive, Suite 102
Naples, FL 34108

Mailing Address:

801 Laurel Oak Drive, Suite 102
Naples, FL 34108

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:

Leo J. Salvatori

Name

9132 Strada Place, Fourth Floor

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

Naples

FL 34108

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)

2010 DEC 28 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H10000277159 3

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:

MRG

Thomas C. Lund
801 Laurel Oak Drive, Suite 102
Naples, FL 34108

MRG

T. Chadwick Lund
801 Laurel Oak Drive, Suite 102
Naples, FL 34108

MRG

John Graham
1210 Pine Grove Avenue
Atlanta, GA 30319

2010 DEC 28 AM 10:39
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

(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.)

Leo J. Salvatori, as attorney-in-fact for Thomas C. Lund

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)