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SECRETARY OF SINTE

T. CLINE JAN 19 2011

EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations		
SUBJECT: Garbee Property LLC		
	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Mitchell K Garber		
-	Name of Person	
Garbee Property LLC		
	Firm/Company	
PO Box 677278		
	Address	
Orlando, FL 32867-7278		
Cit	ty/State and Zip Code	
mitchgarber@ymail.com		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	e call:	
Jared Garber	at (321) 2870367 STATE Area Code & Daytime Telephone Number STATE STATE OF THE PARTY OF T	/ - @
Name of Person	Area Code & Daytime Telephone Number	mg sabin Ng
Enclosed is a check for the following amount:		3.0
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status		
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 Company is:	
Garbee Property LLC.	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "ŁLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2582 Greenwillow Dr Orlando, FL 32825	PO Box 677278 Orlando, FL 32867-7278
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another
Mitchell K Garber Name	
2582 Greenwillov	
	dress (P.O. Box <u>NOT</u> acceptable)
Orlando City, St	FL 32825 ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608. F.S

d all

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	र
MGRM	Mitchell K Garber
	2582 Greenwillow DR
	Orlando, FL 32825
MGRM	Todd M Beeten
	7628 Sweet Mist Ave
	Las Vegas NV 89178
	Las vogas iv os ivo
	
(Use attachment if necessary)	
•	
	nan the date of filing: (OPTIONAL)
	nust be specific and cannot be more than five business days prior
90 days after the date of filing.)	
REQUIRED SIGNATURE:	
MEGOTINES STORM TO THE	
,	$\mathcal{A}_{\mathcal{A}}$
Mrs =	h. lu
Signature oCa	member or an authorized representative of a member
_	
(In accordance with sec	tion 608.408(3), Florida Statutes, the execution of this document
L am aware that any fals	on under the penalties of perjury that the facts stated herein are true-
	ea falony as provided for in a 917 155 E.S.)
Mitchell h	
	All the second s
	Typed or printed name of signes
	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)