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B. BOSTICK

APR 5 2011

EXAMINER

COVER LETTER

	egistration Section vivision of Corporations		
SUBJECT	3005 GULF BLVD LLC		
002020	Name of Limited Liability Company		
The enclos	sed Articles of Organization and fee(s) are submitted for filing.		
Please retu	arn all correspondence concerning this matter to the following:		
	David J. DePinto, Esq.		
	Name of Person		
	DePinto Nornes & Associates, LLP		
	Firm/Company		
	445 Broad Hollow Road, Suite 200	SE JAI	<u></u>
	Address	LAH LAH	AP
	Melville, New York 11747	755 755	APR -4
	City/State and Zip Code	Ž e	
	ddepinto@dpnlaw.com	200	
	E-mail address: (to be used for future annual report notification)	ORE:	~ >
For further	information concerning this matter, please call:	Dm A	8
David	J. DePinto, Esq. at (631) 249-8200		
	Name of Person Area Code & Daytime Telephone Number		
Enclosed	is a check for the following amount:		
5125.00 Fi		of Statu opy	ıs &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3	3005 GULF BLVD L	LC
(Must	end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addı	ress:	
The mailing address	and street address of t	he principal office of the Limited Liability Compar
Principal Office Add	dress:	Mailing Address:
1540 Gulf Boulevard	, Unit #1406	3 Albertson Lane
Clearwater, Florida 3	33767	Old Westbury, New York 11568
(The Limited Liability Comp	pany cannot serve as its own	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
(The Limited Liability Computation of the Liability Com	pany cannot serve as its own ive Florida registration.)	
(The Limited Liability Computation of the Liability Com	pany cannot serve as its own ive Florida registration.)	Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Computation of the Liability Com	pany cannot serve as its own ive Florida registration.) orida street address of Marcelle Ma	Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Computation of the Liability Com	pany cannot serve as its own ive Florida registration.) orida street address of Marcelle Ma	Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Computation of the Liability Com	pany cannot serve as its own ive Florida registration.) orida street address of Marcelle M	Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Computation of the Limited Liability Computation of the Limited Liability Computation of the Liability Comput	pany cannot serve as its own ive Florida registration.) orida street address of Marcelle M	Registered Agent. You must designate an individual or another the registered agent are: tta Morcos Name vard, Unit #1406 et address (P.O. Box NOT acceptable)
(The Limited Liability Computation of the Liability Com	pany cannot serve as its own ive Florida registration.) orida street address of Marcelle M	Registered Agent. You must designate an individual or another the registered agent are: tta Morcos Name vard, Unit #1406 et address (P.O. Box NOT acceptable)

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Marcelle Matta Morcos 3 Albertson Lane Old Westbury, New York 11568 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: perpetual _____. (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.) ARTICLE VI: The Limited Liability Company is to be managed by one or more managers. **REQUIRED SIGNATURE:** marcelle m. mores. 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.) Marcelle Matta Morcos

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)