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Florida Department of State
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To: Division of Corporations
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From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
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FLORIDA LIMITED LIABILITY CO.
GATESMOBILITY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. CLINE
DEC 28 2011
EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

GATESMOBILITY LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

2719 STANLEY PLACE

SARASOTA, FL 34239

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

GORDON GATES

2719 STANLEY PLACE

SARASOTA, FL 34239

Having been named as registered agent 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.

X 
GORDON GATES / Registered Agent's signature

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PAGE 2 GATESMOBILITY LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)


MANAGING MEMBER
GORDON GATES
2719 STANLEY PLACE
SARASOTA, FL 34239

MANAGING MEMBER
NANCY GATES
2719 STANLEY PLACE
SARASOTA, FL 34239

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x 

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.

GORDON GATES

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