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(Requestor's Name)
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G. MCLEOD

MAR - 8 2012

**EXAMINER** 



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# **COVER LETTER** -

TO:	Registration Section Division of Corporations	, pč	čey.	<b>'&gt;</b>	1.39	ab .	<b>\$</b>	* / · · · · · · · · · · · · · · · · · ·
SUBJI	Gulfster Presents	•	k,	·1				•
		me of Lim	ited Liab	ility Compa	any			_
					•			
The en	closed Articles of Organization an	d fee(s) ar	e submitt	ed for filing	<b>3.</b>			
Please	return all correspondence concern	ing this m	atter to th	e following	: .			
	Adam Simons			4, .	h,			
			Name o	of Person				
	Gulfster Presents							
	•		Firm/C	ompany		• • • • • • • • • • • • • • • • • • • •		
٠ ٠ ,	2851 12th Avenue North	, ; .		of the fire	** p ** -		• ,	
			Ad	dress			•	
į	St. Petersburg, FL 33713					٠		
		C	City/State a	nd Zip Code	· · · · · · · · · · · · · · · · · · ·			
	gulfsterpresents@gmail.c	om						
	E-mail address	(to be used	d for future	annual repo	ort notification	on)		
For fur	ther information concerning this m	natter, plea	ise call:					•
Adan	n Simons		at (	27	65659	56		
	Name of Person		(	Area Code	& Daytime	Telephone Nu	nber	_
Enclos	sed is a check for the following	amount:		, 				-
\$125.00	Filing Fee \$\int_\$130.00 Filing Certificate o		Ce	55.00 Filin ertified Cop ditional copy	ру	) Certifi	00 Filing cate of St ed Copy nal copy is	atus &
	Mailing Addre Registration Se Division of Co P.O. Box 6327 Tallahassee, Fi	ction rporations	· 6	Registration of Cliffon Bracket 2661 Execution Cliffon Bracket 2661 Execution Registration Cliffon Bracket Registration Cliffon Brac	on Section of Corporatuilding cutive Center, FL 3230	tions ter Circle		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Gulfster Presents, 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:	Mailing Address:
Gulfster Presents	Gulfster Presents
2851 12th Avenue North	2851 12th Avenue North
St. Petersburg, FL 33713	St. Petersburg, FL 33713

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:

Yelenne Goberna		<u> </u>		
1	Name ,		2	
6521 22nd Street So	uth, Apt. 500	To an	MAR -	Manager,
Florida stre	eet address (P.O. Box NOT acceptable)	485 246 - 1 − 1	7	in maria
St. Petersburg	<sub>FL</sub> 33712	Line Co	H	m
Ci	ity, State, and Zip		1: 33	C

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).

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Adam Simons 2851 12th Avenue North St. Petersburg, FL 33713
MGRM	Ryan Clapper 341 Lee Ave
	Satellite Beach, FL 32937
(Use attachment if necessary	<b>'</b> )
	r than the date of filing: (OPTIONA te must be specific and cannot be more than five business day

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.)

Adam Simons

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)