# 112000/03079

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PICK-UP	☐ WAIT	MAIL
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(D0	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
	A. L	UNT
	AUG 1	_
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SECRETARY OF STATE

ALLAHASSEF FLORIE

Office Use Only

# **COVER LETTER**

TO: Registration S  Division of Co						
SUBJECT: gwen	berlin LLC					
	Name of Limit	ed Liability Compan	у		<del></del>	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.				
Please return all corresp	pondence concerning this mat	ter to the following:				
Gwendol	len M. Berlin	Name of Person		<del></del>		-
		Name of Person				
Gwen Be	erlin LLC					_
	•	Firm/Company				23.
301 keele	ers court				CCR CCR	<del>3</del> ≥
		Address			AS A	5 _
Ponto Vod	ra Roach, Florida 3	2082			SSEE YAY	
Polite veu	ra Beach, Florida 3	y/State and Zip Code			<del>70</del> 3	. I.
gwen.berlin	@yahoo.com	•			STAT LORI	<u> </u>
<del>**</del> . • • • • • • • • • • • • • • • • • •	E-mail address: (to be used	for future annual report	notification)		1.	<del></del>
For further information	concerning this matter, please	e call:				
gwen berlin		at (904)	707-3242			
Name	of Person	Area Code &	: Daytime Tele	phone Number		
Park a Paratala	- 4 - C.11					
	or the following amount:		-	<b>.</b>		
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy		\$160.00 Fi Certificate	ling Fee, of Status &	
	Ostanous V. Bianas	(additional copy is		Certified C	-	l)
	Mailing Address		rier Address			
	Registration Section Division of Corporations	Registration Section Division of Corporations				
	P.O. Box 6327	Clifton Bui	lding			
	Tallahassee, FL 32314	2661 Execu	ative Center C	Circle		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gwen Berlin LLC	
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")
<b>ARTICLE II - Address:</b> The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
301 Keelers Court Ponte Vedra Beach	301 Keelers Court Ponte Vedra Beach
Florida, 32082	Florida, 32082
tonte Vec	s of the registered agent are:  Name    Color   Color     City, State, and Zip    Color   City     Color   City     Color   Color     Color   City     Color   Color     Color   City     Color   City     Color   Color     Color   City     Color   Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color   Color     Color   Color     Color   Color     Color     Color
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S
	Walder Konne

Page 1 of 2

(CONTINUED)

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

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

"MGR" = Manager "MGRM" = Managing Member	
MGRM  John Berlin  301 Keelers Court  Ponte Vedra Beach, Florida 32082	
MGRM.  Owen bertin  John Kiclers Ct  Poule Vidra Bch. H. 32082	
HATE S	E
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL OPTIONAL OPTIO	
REQUIRED SIGNATURE:	
ignature of a member of 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.)

### Gwendolen M. Berlin

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)