

L13000167580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

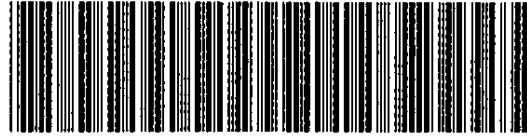
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2013 DEC - 2 PM 3: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 3 - 2013

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Suite A, Granada Oaks Professional Building
595 West Granada Boulevard
Ormond Beach, Florida 32174
Telephone (386)677-3431
Telefax (386)673-0748

November 27, 2013

Registration Section.
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VIA FEDERAL EXPRESS

RE: Articles of Organization

Madam:

Enclosed please find the Articles of Organization for filing for the following corporation

5326 Touro, LLC

I have enclosed a check in the amount of \$160.00 payable to the Department of State to cover filing fees, certificate of status and certified copy and a return self-addressed envelope for your convenience.

Should you have any questions regarding these enclosures, please do not hesitate to contact me.

Very truly yours,


Carleen R. Jones

Legal Assistant to R. Kevin Korey

enclosures

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3366 Gallia LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Kit Korey

Name of Person

Robert Kit Korey PA

Firm/Company

595 W. Granada Blvd. Ste. A

Address

Ormond Beach, FL 32174

City/State and Zip Code

michaeltk@patriotelectriccorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carleen Jones

Name of Person

386

Area Code & Daytime Telephone Number

677-3431x227

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

13 DEC -2 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3366 Galle 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:

58-71 57th Road
Maspath, NY 11378

Mailing Address:

58-71 57th Road
Maspath, NY 11378

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:

Robert Kit Korey

Name

585 W. Granada Blvd. Ste. A

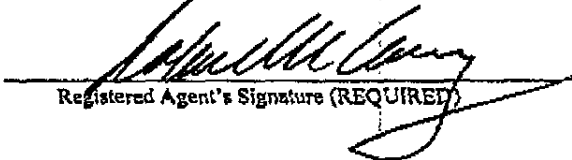
Florida street address (P.O. Box NOT acceptable)

Ormond Beach 32174

FL

City, State, and Zip

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)

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TALLAHASSEE, FLORIDA
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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Murat Tek 58-71 57th Road Maspeth, NY 11378

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

REQUIRED SIGNATURE:



 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.)

Robert Kit Koray

 Typed or printed name of signer

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)

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 13 DEC -2 PM 12:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA