

L140000019122

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

770-10-1

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000025302 3)))



H140000253023ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BAKER & HOSTETLER LLP
Account Number : 119990000077
Phone : (407)649-4043
Fax Number : (407)841-0168

FILED
14 FEB -3 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mclabaugh@bakerkw.com

RECEIVED

14 FEB -3 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
331 Gasparilla Street LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

02-03-14

01:47pm

From-BAKER & HOSTETLER

407 841 0168

T-187

P.003/005

F-159

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 331 Gasparilla Street 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:

David L. Starbuck

Name of Person

Baker & Hostetler LLP

Firm/Company

303 E. 17th Avenue, Suite 1100

Address

Denver, CO 80203

City/State and Zip Code

mclabaugh@bakerlaw.com

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

For further information concerning this matter, please call:

David L. Starbuck at **303** **764-4107**

Name of Person

Area Code

Daytime Telephone Number

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



February 3, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BAKER & HOSTETLER LLP

SUBJECT: 331 GASPARILLA STREET LLC
REF: W14000006705

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000025302
Letter Number: 014A00002300

RECEIVED
14 FEB -3 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

331 Gasparilla Street 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:331 Gasparilla Street
Boca Grande, FL 33921c/o Baker & Hostetler LLP
303 E. 17th Avenue, Suite 1100
Denver, CO 80203

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:

Capitol Corporate Services, Inc.

Name

155 Office Plaza Drive, Suite AFlorida street address (P.O. Box NOT acceptable)Tallahassee

City

FL 32301

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 603, F.S.

Gayle Windle

Registered Agent's Signature (REQUIRED)

Gayle Windle, Asst. Sec. on behalf of
Capitol Corporate Services, Inc.

(CONTINUED)

14 FEB -3 AM 10:31
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Bob Barrett

331 Gasparilla Street

Boca Grande, FL 33921

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

David L. Starbuck, Authorized Representative

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)