

L14000639143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

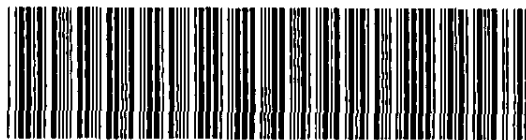
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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141529

RECEIVED
DEPARTMENT OF STATE
14 MAR -5 3:15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

J. CHIVERS MAR 10 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2014

CSC
ATTN: SUSIE KNIGHT

SUBJECT: GALAXY LP LLC
Ref. Number: W14000014529

We have received your document for GALAXY LP LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 114A00004909



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 041659 7569274

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : March 5, 2014

ORDER TIME : 2:42 PM

ORDER NO. : 041659-005

CUSTOMER NO: 7569274

DOMESTIC FILING

NAME: GALAXY LP LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

14 MAR -5 AM 8:57
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GALAXY LP ASSOCIATES 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:

4501 Gulfshore Blvd. N., PH 1503
Naples, FL 34103

4501 Gulfshore Blvd., N., PH 1503
Naples, FL 34103

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:

Andrew J. Czekaj

Name

4501 Gulfshore Blvd. N., PH 1503

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

Naples

FL 34103

City

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 605, F.S..

By: 

Registered Agent's Signature (REQUIRED)

Andrew J. Czekaj

(CONTINUED)

FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF FLORIDA
14 MAR -5 PM 3:57

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:

Andrew J. Czekaj

4501 Gulfshore Blvd., N., PH 1503

Naples, FL 34103

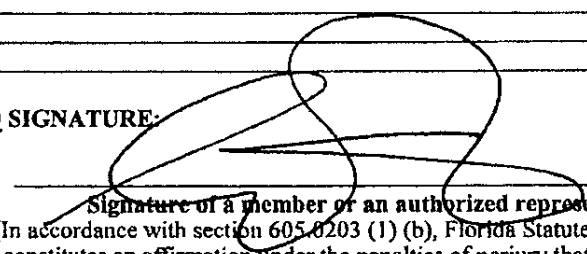
(Use attachment if necessary)

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.)

Andrew J. Czekaj

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)

14 MAR -5 AM 8:57
CLERK OF THE
DEPARTMENT OF
STATE
FLORIDA