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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Division of C			
SUBJE	CCT: Gator C	commons LLC Name of Lin	nited Liability Company	
		of Organization and fee(s) as		
	Paul Mcl	Mahon	Name of Person	
	<u>C/O Levi</u>	<u>n</u>	Firm/Company	
	100 Bay	Colony Lane	Address	
	Fort Laux	derdale, FL 33308-2004 (City/State and Zip Code	
.pa	ulmemahon0	904@msn.com E-mail address: (to be use	d for future annual report notific	ation)
For fur	ther informatio	n concerning this matter, ple	ase call:	
Paul I	//cMahon Nan	at (at (at (at (at (954) 491-6150 Area Code Daytime Te	elephone Number
Enclos	ed is a check fo	or the following amount:		
☑ \$ 125.0	0 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)
	<u>Ma</u>	iling Address	Street/Courier Add	Iress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Gator Commons, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
100 Bay Colony Lane Fort Lauderdale, FL 33308-2004	100 Bay Colony Lane Fort Lauderdale, FL 33308-2004	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent. You must designate an individual or	
The name and the Florida street address of the registered a	agent are:	~3
Paul McMahon Name		934 DEC
100 Bay Colony Lane		
Florida street address (P.O. Box)		
Fort Lauderdale	ET 22200 2004	₽ U
City	Zip BH	ŧ.
capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	the appointment as registered agent and agree to act in the fall statutes relating to the proper and complete performing gations of my position as registered agent as provided for er 605, F.S	his ance

(CONTINUED)
Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Gayla Sue Levin
	100 Bay Colony Lane
	Fort Lauderdale, FL 33308-2004
MGR	Paul McMahon
	100 Bay Colony Lane C/O Levin
	Fort Lauderdale, FL 33308-2004
(I lan attachment if a account)	
(Use attachment if necessary)	
•	
ICLE V: Effective date, if other than the dat	e of filing: (OPTIONAL)
ICLE V: Effective date, if other than the date of the control of t	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days a
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ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m	ember or an authorized representative of a member.
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6)	pecific and cannot be more than five business days prior to or 90 days a

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)