

L15000044906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

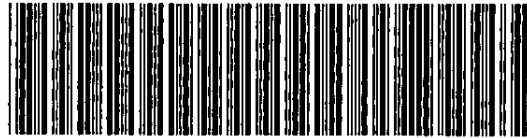
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 MAR 10 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 13 2015

T. HAMPTON

215-06435

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROPERTY GATEWAY, 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:

CLOVER BRODERICK-STRAKER
Name of Person

PROPERTY GATEWAY, LLC.
Firm/Company

2511 DAVIE BLVD.
Address

FORT LAUDERDALE, FLORIDA 33312
City/State and Zip Code

bobstrakes21@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clover Straker at (954) 254-5496
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2015

CLOVER BRODERICK-STRAKER ***** 2ND MAILING *****
3850 JACKSON BLVD
FT LAUDERDALE, FL 33312

SUBJECT: PROPERTY GATEWAY, LLC
Ref. Number: W15000006435

RECEIVED
15 MAR 10 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

We have received your document for PROPERTY GATEWAY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 13, 2015. Please amend your document accordingly.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 315A00001803



FLORIDA DEPARTMENT OF STATE
Division of Corporations

15 JAN 29 2015
15 JAN 29 2015
15 JAN 29 2015

January 29, 2015

CLOVER BRODERICK-STRAKER
2511 DAVIE BLVD
FT LAUDERDALE, FL 33312

SUBJECT: PROPERTY GATEWAY, LLC
Ref. Number: W15000006435

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Tammy Hampton
Regulatory Specialist III

Letter Number: 315A00001803

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROPERTY GATEWAY, 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:

2511 Davie Blvd
Ft. Lauderdale
Florida 33312

3850 Jackson Blvd
Ft. Lauderdale
Florida 33312

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:

Clover Broderick- Straker
Name

2511 Davie Blvd
Florida street address (P.O. Box NOT acceptable)

Ft. LAuderdale FL 33312
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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 MAR 10 AM 10:48
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

AMBR

Name and Address:

Clover Broderick-Straker

3850 Jackson Blvd

Ft. Lauderdale, Fl. 33312

MGR

Robert Straker

3850 Jackson Blvd

Ft. Lauderdale, Fl. 33312

MGR

Vanessa M.D. Donaldson

3331 CORAL HILLS DR. #22

Coral Springs, Fl. 33065

(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.)

Clover Broderick-Straker

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)

FILED
15 MAR 10 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA