(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
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## **CT** Corporation

515 East Park Avenue Tallahassee, FL 32301 850 558 1930 tel 855 637 1628 fax www.ctcorporation.com

September 10, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9685467 SO

Customer Reference 1: C

CTCorp.com

Customer Reference 2: AL

Dear Department of State, Florida:

Please obtain the following:

Gulf Navarre, LLC (FL) Formation

Florida

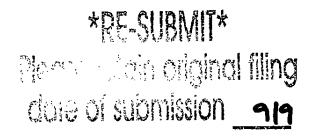
Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com



## **COVER LETTER**

TO:	Registration Section Division of Corporations
	Gulf Navarre, LLC
SUBJI	Name of Limited Liability Company
The en	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Person
	National Registered Agents, Inc.
	Firm/Company
	2875 Michelle
	Address
	Irvine, CA 92606
	City/State and Zip Code
	swilkinson@dfwsonic.com  E-mail address: (to be used for future annual report notification)
Cor fuet	ther information concerning this matter, please call:
POT IUTI	
	800 562-6439 at ()
	Name of Person Area Code Daytime Telephone Number
Enclo	sed is a check for the following amount:
<b>∑</b> \$125.	.00 Filing Fee \$\ \text{Certificate of Status} S155.00 Filing Fee & Certificate of Status & Cert
	Mailing Address New Filing Section  Street Address New Filing Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lie	ability Company is:		
Gulf Navarre, L	LC		<u>.                                    </u>
(Must	end with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and str	eet address of the principal o	ffice of the Limited L	Liability Company is:
Principal Office Address:			Mailing Address:
6031 W. I-20, Suite 242		6031 W. I-20, Suite 242	
6031 W. I-20, S	uite 242	0031	
ARTICLE III - Registered (The Limited Liability Com	6017  Agent, Registered Office,	& Registered Agent Registered Agent. Y	gton, TX 76017
ARTICLE III - Registerer (The Limited Liability Comanother business entity with	6017  Agent, Registered Office, pany cannot serve as its own	& Registered Agent. Y	gton, TX 76017 t's Signature;
ARTICLE III - Registerer (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agent. Yon.)	gton, TX 76017 t's Signature;
ARTICLE III - Registerer (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent. Y	gton, TX 76017 t's Signature;
ARTICLE III - Registerer (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent. Yon.) i agent are:	gton, TX 76017 t's Signature;
ARTICLE III - Registerer (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered NRAI Services, Inc.	& Registered Agent. Yon.) i agent are:	gton, TX 76017 t's Signature; ou must designate an individual or
ARTICLE III - Registerer (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered NRAI Services, Inc.	& Registered Agent. Yon.) I agent are:  Name	gton, TX 76017 t's Signature; ou must designate an individual or

the 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..

NRAI Services, Inc.

(CONTINUED)

Page 1 of 2

Title:		Name and Address:		
AMBR = A	authorized Member	Davisu Management, LLC 6031 W. I-20, Stc. 242		
"MGR" = Ms	U			
<u>AMBR</u>				
		Arlington, TX 76017		
MGR		David Wilkinson		
MOK	<del></del>	6031 W. I-20, Ste. 242		
		Arlington, TX 76017		
MGR		Suzanne Wilkinson		
<del></del>		6031 W. I-20, Ste. 242		
		Arlington, TX 76017		
ARTICLE V: Effective (If an effective date is the date of filing.)  Note: If the date inse		the applicable statutory filing requirements, this date will not be listed as tate's records.		
ARTICLE VI: Other	provisions, if any.			
REQUIRED	SIGNATURE:	i IIII		
	This document is executed in I am aware that any false info	er or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes.  ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.		
	Comment Williams	Manager of Davisu Management, LLC, AMBR		

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees:

Typed or printed name of signee