

L1500255843

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H15000255843 3)))



H150002558433ABCO

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)617-6381

From:
Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I20030000004
Phone : (407)835-6769
Fax Number : (407)843-4076

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

Email Address: corpmail@shutts.com

**FLORIDA LIMITED LIABILITY CO.
COLLIER GAEKWAD, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

15 OCT 26 PM 4:03

SECRETARY OF STATE
1214 AHASSETT, FLORIDA
15 OCT 26 AM 3:13

FILED

((H15000255843 3)))

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

COLLIER GAEKWAD, LLC

ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is as follows:

220 North Main Street
Gainesville, Florida 32601

ARTICLE III - Management

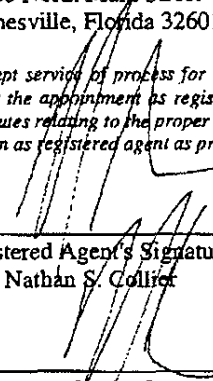
The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager shall be Nathan S. Collier.

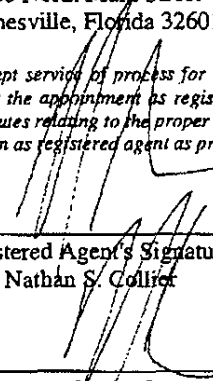
**ARTICLE IV - Registered Agent and Office and
Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Nathan S. Collier
220 North Main Street
Gainesville, Florida 32601

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, Florida Statutes.

By: 
(Registered Agent's Signature)
Nathan S. Collier


Signature of a member or an authorized representative of a member
Nathan S. Collier, Member

FILED
15 OCT 26 AM 3:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

(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, Florida Statutes)

((H15000255843 3)))