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COVER LETTER

	GAVLAIN II - MOTEL, LLC
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	John W. Meshad
	Name of Person
	Gavlain Holdings II, LLLP
	Fírm/Company
	1229 S. Tamiami Trail
	Address
	Sarasota, FL 34239
	City/State and Zip Code
	kathys@jwmmanagement.com
	E-mail address: (to be used for future annual report notification)
For further is	nformation concerning this matter, please call:
	John W Meshad 941 342-1754
	Name of Person Area Code Daytime Telephone Number
	•
Enclosed is	s a check for the following amount:
\$125.00 F	lling Fee \$\int \frac{\\$130.00 \text{ Filing Fee & Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \frac{\\$160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy is enclosed}}\$\int \\$160.00 \text{ Filin

Mailing Address

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

Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GAVLAIN II - MOTI	EL, LLC				
(Must end w	ith the words "Limite	d Liability Cor	npany, "L.I	C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Li	mited Liab	ility Company is:	
<u>Principa</u>	l Office Address:			Mailing Address:	
c/o JWM Managemen				Management, Inc	
1229 S. Tamiami Trai	<u> </u>	· · · · · · · · · · · · · · · · · · ·		amiami Trail	
Sarasota, FL 34239			Saracota,	FL 34239	
	T 1 177 1 1 1				
	John W. Meshad	Name			
	-	Name	i.		
	1229 S. Tamiami Tr Florida street addre	rail		able)	
	1229 S. Tamiami Ti	rail		able) 34239	
	1229 S. Tamiami Ti Florida street addre	rail ess (P.O. Box N			

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Gavlain Holdings II, LLLP 1229 S. Tamiami Trail
	Sarasota, FL 34239
(Use attachment if necessary)	
the date of filing.)	cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	Total us.
REQUIRED SIGNATURE:	Mashael
This document is executed in account of the country	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes. ion submitted in a document to the Department of State s provided for in s.817.155, F.S.

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

Page 2 of 2

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Typed or printed name of signee

John W. Meshad

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)