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SECRETARY OF STATE DIVISION OF CORPORATION

JAN 1 4 2016

S. PRATHER

## COVER LETTER

10:	Division of Corporations	
SUBJEC	Gleason Association Management, LLC	
SUBJE	Name of Limited Liability Comp	any
The encl	enclosed Articles of Organization and fee(s) are submitted for filing	<b>3</b> .
Please re	e return all correspondence concerning this matter to the following	<b>;</b>
	Dan Gleason	
	Name of Person	
	Gleason Association Management, LLC	
	Firm/Company	
	3636 Whitehall Drive 404	
	Address	
	West Palm Beach, FL 33401	
	City/State and Zip Co dpgleasonIII@comcast.net	de
	E-mail address: (to be used for future annual rep	port notification)
For furthe	ther information concerning this matter, please call:	
	Dan Gleason 561 510-12	239
	Name of Person Area Code Daytin	me Telephone Number
Enclosed	sed is a check for the following amount:	
<b>]\$</b> 125.00	.00 Filing Fee \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is	Certificate of Status &
	Division of Corporations P.O. Box 6327 Clifton F Tallahassee, FL 32314 2661 Ex	ng Section of Corporations

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Gleason Association	Management, LLC			
	with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street a	address of the principal of	fice of the Limited I	Liability Company is:	16 JAN
<u>Princi</u>	oal Office Address:		Mailing Address:	<del>*-</del>
3636 Whitehall Driv	/e	Same		
404 West Palm Beach, F	T 33401	<del></del>		<u></u>
The name and the Florida street	address of the registered  Dan Gleason	Name		
		404		
	3636 Whitehall Drive			
	3636 Whitehall Drive Florida street address		ceptable)	
	Florida street address West Palm Beach	(P.O. Box <b>NOT</b> acc	33401	
	Florida street address	(P.O. Box NOT acc		

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<u>Fitle:</u>	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
MGR = Manager MGR	Dan Gleason
	3636 Whitehall Drive 404
	West Palm Beach, FL 33401
	<del></del>
Use attachment if necessary)  EV: Effective date, if other than the da	ute of filing:(OPTIONAL)
EV: Effective date, if other than the date ctive date is listed, the date must be a filing.) the date inserted in this block does not nent's effective date on the Department.	t meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date tive date is listed, the date must be a filling.) the date inserted in this block does no	specific and cannot be more than five business days prior to or 9 t meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date ctive date is listed, the date must be a filing.) the date inserted in this block does not nent's effective date on the Department.	specific and cannot be more than five business days prior to or 9 t meet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be a filing.) The date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:	t meet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be a filing.) The date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a sign	t meet the applicable statutory filing requirements, this date will not of State's records.  The state of State's records.  The state of a member of an authorized representative of a member.  The state of statutes of a member.  The state of a member of a member.  The state of a member of a member.
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EV: Effective date, if other than the date ctive date is listed, the date must be a filling.) the date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any.  Signature of a in this document is executed and aware that any factorized the control of the contro	t meet the applicable statutory filing requirements, this date will not of State's records.  nember or an authorized representative of a member.  stated in accordance with section 605.0203 (1) (b), Florida Statutes lise information submitted in a document to the Department of State.

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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) 16. IAN IL PH 3: 32

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