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S. PRATHER

COVER LETTER

	egistration Section vision of Corporations
CUDIECT	GXG HART, LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	GEORGE B HARTLEY
	Name of Person
	Firm/Company
	11178 SW WYNDHAM WAY
	Address
	PORT ST LUCIE, FL 34987
	City/State and Zip Code GBHARTLEY3@AOL.COM
-	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	GEORGE B HARTLEY 561 702-4446
·	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$\sum_{\text{Certificate of Status}}\frac{\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy}} \text{Certified Copy (additional copy is enclosed)}} \text{Certified Copy (additional copy is enclosed)}}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with	GXG HART, L	I C		≥∞
(Manage Clift With	th the words "Limited L		y, "L.L.C.," or "LLC.")	᠆둫ဌ
	it tile words Emmed E	taonity Compan	y, E.D.C., or EEC.	医斑
CLE II - Address:				经
nailing address and street add	ress of the principal office	ce of the Limite	d Liability Company is:	Hi _O
Principal !	Office Address:		Mailing Address:	
11178 SW WYN	IDHAM WAY		11178 SW WYNDHAM WAY	一切
PORT ST LUCI	E, FL 34987		PORT ST LUCIE, FL 34987	_
		Name TUPELO PL		
	Florida street address (P.O. Box NOT	acceptable)	
-	BOCA RATON	FL	33428	
	City	State	Zip	
lesignated in this certificate, I i	hereby accept the appointions of all statutes rela	ntment as registe uting to the prope	he above stated limited liability compa ered agent and agree to act in this cape er and complete performance of my du t as provided for in Chapter 605, F.S	acity. I
lesignated in this certificate, I i	hereby accept the appointions of all statutes rela	ntment as registe uting to the prope	red az er and	gent and agree to act in this cape I complete performance of my du

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized	Name and Address:
"MGR" = Manager	Weinber
AMBR	GEORGE B HARTLEY
<u></u>	11178 SW WYNDHAM WAY
	PORT ST LUCIE, FL 34987
MBR	GEORGE HARTLEY
	11178 SW WYNDHAM WAY
	PORT ST LUCIE, FL 34987
	
(Use attachment if neces	
ICLE V: Effective date, if on effective date is listed, the ate of filing.) : If the date inserted in this	her than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 days block does not meet the applicable statutory filing requirements, this date will not be list the Department of State's records.
ICLE V: Effective date, if on effective date is listed, the ate of filing.) If the date inserted in this locument's effective date on ICLE VI: Other provisions,	her than the date of filing:
ICLE V: Effective date, if on effective date is listed, the ate of filing.) If the date inserted in this locument's effective date on ICLE VI: Other provisions,	her than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 days plock does not meet the applicable statutory filing requirements, this date will not be list the Department of State's records.
ICLE V: Effective date, if on effective date is listed, the ate of filing.) If the date inserted in this locument's effective date on ICLE VI: Other provisions,	her than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 days block does not meet the applicable statutory filing requirements, this date will not be list the Department of State's records.

ARTICLE IV-

Page 2 of 2

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) 16 APR - I AM 10: P