



 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850) 617-6381

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
 Account Number : I19990000006
 Phone : (407) 425-7010
 Fax Number : (407) 425-2747

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

Email Address: CORPORATE@ZKSLAWFIRM.COM

50-9111 41-6111

**FLORIDA LIMITED LIABILITY CO.
 98 MOBILE HOME PARK, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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 SECRETARY OF STATE
 FALL BRASSEFIELD, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 98 MOBILE HOME PARK, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. SCOTT BAKER, ESQUIRE
Name of Person
ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Firm/Company
315 E. ROBINSON STREET, SUITE 600
Address
ORLANDO, FLORIDA 32801
City/State and Zip Code
GABE@GMFGRP.COM
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

D. SCOTT BAKER 407 425-7010
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

98 MOBILE HOME PARK, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

315 E. ROBINSON STREET, STE 600
ORLANDO, FL 32801

Mailing Address:

315 E. ROBINSON STREET, STE 600
ORLANDO, FL 32801

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ZKS REGISTERED AGENT SERVICES, LLC

Name

315 E. ROBINSON STREET, SUITE 600

Florida street address (P.O. Box **NOT** acceptable)

<u>ORLANDO</u>	<u>FLORIDA</u>	<u>32801</u>
City	State	Zip

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, F.S..

D. Scott Burke

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

MGR

GMF GROUP FUND I, LLC

315 E ROBINSON STREET, SUITE 600

ORLANDO, FLORIDA 32801

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

D. Scott Baker

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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, F.S.

D. SCOTT BAKER, ESQUIRE

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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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)

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