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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LYONS & LYONS, P.A.
Account Number : I20030000061
Phone : (239)948-1823
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: kemuirhead@outlook.com

FLORIDA LIMITED LIABILITY CO.
Gulfway 102, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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2023 JAN 25 PM 4:23

23 JAN 25 PM 12:35

Electronic Filing Menu

Corporate Filing Menu

Help

((H123 000028916 3)))

ARTICLES OF ORGANIZATION
OF
GULFWAY 102, LLC

ARTICLE I – NAME

The name of the limited liability company is Gulfway 102, LLC. (the "Company").

ARTICLE II – ADDRESS

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

Principal Office Address:
23884 Sanctuary Lakes Court
Bonita Springs, Florida 34134

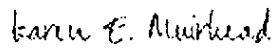
Mailing Address:
23884 Sanctuary Lakes Court
Bonita Springs, Florida 34134

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Karen E. Muirhead
23884 Sanctuary Lakes Court
Bonita Springs, Florida 34134

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.

.....Signed by:


Karen E. Muirhead

((H23 000028916 3)))

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

Karen E. Muirhead
23884 Sanctuary Lakes Court
Bonita Springs, Florida 34134

MGR

Michael D. Muirhead
23884 Sanctuary Lakes Court
Bonita Springs, Florida 34134

REQUIRED SIGNATURE:

DocuSigned by:
Michael D. Muirhead
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.

Michael D. Muirhead

Typed or printed name of signee

23 JAN 25 PM 12:35