

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L24000059434

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To:

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

From:

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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: kemuihead@outlook.com

**FLORIDA LIMITED LIABILITY CO.  
GULFWAY 501, LLC**

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION  
OF  
GULFWAY 501, LLC

ARTICLE I – NAME

The name of the limited liability company is Gulfway 501, 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

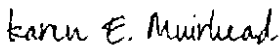
Mailing Address:  
23884 Sanctuary Lakes Court  
Bonita Springs, Florida 34134

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.*

DocuSigned by:  
  
Karen E. Muirhead

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#### 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 signer

2024

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