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STATE OF NEW YORK
DEPARTMENT OF TAXATION AND FINANCE
DIVISION OF TAX SERVICES

MS

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: 120210000160 \$125.00

Authorization Signature: [Signature]

Business Name: Gateway Harbour LLC

Document #

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

&

AMENDMENTS

☐ Profit Corp
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ LLLP
☐ Corp
☐ Inc
☐ Other

☐ **Amendment**
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Articles of Conversion
☐ Amended & Restated Articles of Incorporation
☐ Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

☐ APOSTILLE(s)

☐ Foreign Filing
☐ Reinstatement
☐ Qualification
☐ Fictitious Name
☐ Annual Report

☐ COUNTRY(s)

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DR
TALLAHASSEE, FL 32309
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: 120210000160 125.00

Authorization Signature: [Signature]

BUSINESS NAME Document#

Getaway Harbour LLC

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ LLLP
- ☐ CORP
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A. Officer/Director
- ☐ Change of Registered Agent
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APOSTILLE(s) & OTHER FILINGS

- | | |
|--|--|
| <input type="checkbox"/> Apostille | <input type="checkbox"/> Foreign Filing |
| <input type="checkbox"/> Country | <input type="checkbox"/> Reinstatement |
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Qualification |
| | <input type="checkbox"/> Fictitious Name |

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Getaway Harbour, 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:

Michel Saade

Name of Person

Getaway Harbour, LLC

Firm/Company

7065 Westpointe Blvd, Suite 312

Address

Orlando, Florida, 32835

City/State and Zip Code

otherdocsforus@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lura Barua

888

650-3738

at (_____) _____

Name of Person

Area Code

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Getaway Harbour, 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:

7065 Westpointe Blvd, Suite 312

Orlando, Florida, 32835

Mailing Address:

7065 Westpointe Blvd, Suite 312

Orlando, Florida, 32835

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:

Registered Agents Inc

Name

7901 4th St N STE 300

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

St. Petersburg

FL

33702

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..

David Roberts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Michel Saade
7065 Westpointe Blvd, Suite 312
Orlando, Florida, 32835

MGR

Isabella Fortich
7065 Westpointe Blvd, Suite 312
Orlando, Florida, 32835

(Use attachment if necessary)

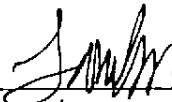
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Michel Saade

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)