

Document Number Only

L980000002392

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

900002667439--1
-10/20/98--01002--002
****345.75 ****345.75

00789-02544-00671

Gulf Coast, LLC

W48-237060

☐ Profit

☐ NonProfit

☒ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Fict. Filing

☐ Change of R.A.

☒ Limited Liability Partnership

☐ UCC-1 UCC-3

☒ Certified Copy

☐ Photo Copies

☒ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name	MGT
Availability	MGT
Document Examiner	MGT
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Verifier	MGT
Acknowledgment	MGT
W.P. Verifier	MGT

Please Return Extra Copy(s)
Filed Stamp

Thanks, Melanie

OCT 19 1998

98 OCT 19 AM 9:18

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

October 21, 1998



CT CORPORATION SYSTEM

SUBJECT: CCA, LLC

Ref. Number: W98000023706

We have received your document for CCA, LLC and your check(s) totaling \$345.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

To: Michelle Hodges
Document Specialist

Letter Number: 698A00051973

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this to Oct. 19, 1998
Monks CT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Gulf Coast Fort Myers, L.L.C.

ARTICLE II - Address:

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

160 Prosperous Place
Lexington, KY 40509

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

December 31, 2050

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Louis H. Vettrano
160 Prosperous Place
Lexington, KY 40509

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

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ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The members of the Limited Liability Company have the right to admit additional members upon the written consent of the Manager and the written consent of a majority in interest of the members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Upon the death, incapacity, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the limited liability company shall be terminated unless the other members by an affirmative vote of a majority of the members' interest, within ninety (90) days after the date of any such event, elect to continue the limited liability company.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Gulf Coast Fort Myers, L.L.C.

_____ certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 100.00;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 1,200,000.00;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,200,100.00.

L. H. Vettraino
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Louis H. Vettraino

Typed or printed name of signee

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Filing Fee: \$250.00 for Articles and Affidavit

ADDENDUM TO ARTICLES OF ORGANIZATION
FOR

Gulf Coast Fort Myers, L.L.C.

Description of Property Contributed By Members

The Members of Gulf Coast, L.L.C. will contribute upon the organization of the Limited Liability Company land and improvements consisting of an office warehouse located in Fort Myers, Florida and commonly known as 5876-5900 Enterprise Parkway. The legal description of the real estate to be contributed to the Limited Liability Company is as follows:

LOTS 34, 35, 36 & 37, Unit 1, Billy Creek Commerce Center, as recorded in Plat Book 33 at Page 116 in Lee County, Florida.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Gulf Coast Fort Myers, L.L.C.

2. The name and address of the registered agent and office is:

C T CORPORATION SYSTEM
(Name)

c/o C T CORPORATION, 1200 South Pine Island Road,
(P.O. Box not acceptable)

Plantation, Florida 33324
(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.

C T CORPORATION SYSTEM

Claudia L. Sauri
(Signature)

October 12, 1998
(Date)

Asst. Secy
Claudia L. Sauri
Asst. Secretary

FILING FEE: \$ 35 for Designation of Registered Agent

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