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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-28-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GUTTER CAP PLUS, 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:

GARY WILLIAMS
(Name of Person)

GUTTER CAP PLUS, LLC
(Firm/Company)

1390 BLUE EAGLE WAY EAST
(Address)

JACKSONVILLE, FL 32225
(City/State and Zip Code)

For further information concerning this matter, please call:

Vivian Williams

GARY WILLIAMS at (904) 722-1184
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

GUTTER CAP PLUS, LLC

ARTICLE II - Address:

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

Principal Office Address:

7047 ATLANTIC BOULEVARD, SUITE 7

JACKSONVILLE FL 32211

Mailing Address:

1390 BLUE EAGLE WAY EAST

JACKSONVILLE FL 32225

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

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

Vivian Williams

~~GARY WILLIAMS~~

Name

1390 BLUE EAGLE WAY EAST

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

JACKSONVILLE

FLORIDA 32225

City, State, and Zip

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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 608, Florida Statutes..

Vivian S. Williams

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

GARY WILLIAMS

1390 BLUE EAGLE WAY EAST

JACKSONVILLE, FL 32225

MGRM

VIVIAN WILLIAMS

1390 BLUE EAGLE WAY EAST

JACKSONVILLE, FL 32225

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Gary N. Williams
Vivian S. Williams
Signature of a member or an authorized representative of a member.

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

GARY WILLIAMS, MANAGING MEMBER

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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