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TALLAHASSEE, FLORIDA

LD
6-28-04

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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 G. Williams

Registered Agent's Signature

