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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE A
TALLAHASSIF FIREMA

J. SAULSBERRY EXAMINER MAR 28 2012

COVER LETTER

	•			
TO:	Registration S Division of Co		•	
SUBJ	Greg	A Anderson		
		Name of Limit	ted Liability Company	
The er	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this matt	ter to the following:	
	Teri Lo	ng		
			Name of Person	
	First Co	oast Contracto	ors, Inc.	2013 HAR 27 SE RETARY FALLIATIASS
			Firm/Company	A R
	1156 Pa	ark Avenue		
			Address	THE R
	Orange	Park FL 320	82	AM 8: 40
			ty/State and Zip Code	
	southern	bro10@gmail.	for future annual report notification)	
D f		·	•	
_		concerning this matter, please		
Gr	eg "Tong	y" Anderson	_at 904 616-0660	
	Name	of Person	Area Code & Daytime Telephone Numl	ber
Enclo	sed is a check fo	or the following amount:		
□ \$125	.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	Filing Fee, ate of Status & d Copy al copy is enclosed)
		Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Greg A Anderson, LLC. (Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
·	, ,,	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Lia	hility Company is:
The maning address and shoet address of the	principal office of the Emilion Ela	omy company is.
Principal Office Address:	Mailing Address:	
845 Floyd Circle	845 Floyd Circle	
Orange Park FL 32073	Orange Park FL 32073	
		<u> </u>
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Greg A Anderson	ne registered agent are:	lual or another 2013 HAR
Na	ame	FE R
845 Floyd Circle		ARY 27 F
Florida street	address (P.O. Box <u>NOT</u> acceptable)	TA R
Orange Park	FL 32073	
City	, State, and Zip	8: 40
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap all statutes relating to the proper and compand accept the obligations of my position as	in this certificate, I hereby accept the pacity. I further agree to comply wit plete performance of my duties, and i	above stated limited e appointment as th the provisions of I am familiar with

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

N/A	
	2013 HAR 27
	Same Same
	The state of the s
	T S T S S S S S S S S S S S S S S S S S
(Use attachment if necessary)	
CLE V: Effective date, if other than the	te date of filing: (OPTIONAL

REQUIRED SIGNATURE:

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. 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.)

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)