

L13000139142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

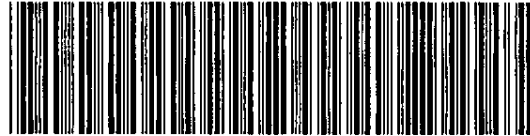
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 OCT -2 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

OCT -2 2013

(850) 245-6051

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Griffis Lumber, 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:

William G. Gaston

Name of Person

Griffis Lumber, LLC

Firm/Company

1901 NW 67th Pl Suite E

Address

Gainesville, Florida 32653

City/State and Zip Code

faye11708@aol.com

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

For further information concerning this matter, please call:

Faye Gaston

Name of Person

at (**352**) **258-6591**

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

September 15, 2013

Griffis Lumber, Inc.

9333 NW 13th St

Gainesville, Florida

32653

Dear Sirs:

I am selling the business assets of Griffis Lumber, Inc.

As a part of the sale, the trade name "Griffis Lumber" will be sold to William G Gaston III.

I give permission for the State of Florida, Division of Corporations to issue a new business name to be known as, Griffis Lumber, LLC, to Mr. Gaston when he applies this week.

Please feel free to contact me for any additional information you may need to process his application.

My contact number is 352-372-9965.

Sincerely,



Kathryn Griffis Brown

President and owner, Griffis Lumber, Inc.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2013

WILLIAM G. GASTON
1901 NW 67TH PL SUITE E
GAINESVILLE, FL 32653

SUBJECT: GRIFFIS LUMBER, LLC
Ref. Number: W13000053385

We have received your document for GRIFFIS LUMBER, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 713A00022555

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Griffis Lumber, LLC

(Must end with 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:

9333 NW 13th St
Gainesville, Florida 32653

Mailing Address:

1901 NW 67th Pl Suite E
Gainesville, Florida 32653

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:

William G Gaston

Name

1901 NW 67th Pl Suite E

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

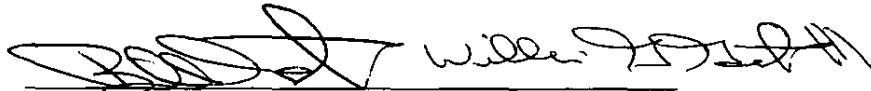
Gainesville, FL 32653

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

William G Gaston

1901 NW 67th Pl

Gainesville, Florida 32653

MGRM

Faye Gaston

1901 NW 67 th Pl

Gainesville, Florida 32653

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 1, 2013 (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.)

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.)

William G. Gaston

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)

FILED
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TALLAHASSEE, FLORIDA
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