

L01000015180

THE LAW OFFICE OF  
GREGORY V. BEAUCHAMP, P.A.  
17 WEST PARK AVENUE, 3RD FLOOR  
P.O. BOX 1110  
GRIFFLANDS, FL 32644  
FAX (352)493-1378  
(352)493-1458

August 29, 2001

Secretary of State  
Division of Corporations  
P. O. Box 6327  
The Capitol  
Tallahassee, FL 32314

600004564086--3  
-09/06/01--01005--022  
\*\*\*\*\*21.25 \*\*\*\*\*21.25

600004564086--3  
-08/30/01--01048--005  
\*\*\*\*133.75 \*\*\*\*133.75

Attn: Articles of Incorporation

Re: GULF COAST SUPPLY HOLDINGS, L.L.C.

Dear Sir or Madam:

Enclosed please find the original and a copy of the Articles Of Organization for the above-named corporation. In addition, a check in the amount of \$133.75 is enclosed which represents the following fees:

Filing Fee	\$ 100.00
Certified Copy	8.75
Registered Agent	<u>25.00</u>
	<u>\$ 133.75</u>

Please file the original of the enclosed Articles of Incorporation and return a certified copy to me at your earliest opportunity.

Sincerely,

*Gregory V. Beauchamp*  
Gregory V. Beauchamp

GVB/dp  
Enclosures

FILED  
01 AUG 30 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L01-15180  
qr

**ARTICLES OF ORGANIZATION**  
**OF**  
**GULF COAST SUPPLY HOLDINGS, L.L.C.**

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Act, do hereby adopt the following Articles of Organization.

FILED  
AUG 30 PM 5:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES 1.0**

The name of the Limited Liability Company shall be: GULF COAST SUPPLY HOLDINGS, L.L.C..

**ARTICLE 2.0**

The period of its duration may not exceed 30 years from the date of filing with the Department of State.

**ARTICLE 3.0**

The purpose for which the Limited Liability Company is organized shall be the engagement of any legal business or investment activity as the Managers may from time to time determine.

**ARTICLE 4.0**

The location of the principal place of business and mailing address of the Limited Liability Company shall be: physical address is 10<sup>th</sup> Street East, Horseshoe Beach, FL 32648 and the mailing address is P. O. Box 278, Horseshoe Beach, FL 32648.

**ARTICLE 5.0**

The admission of new Members shall be subject to the unanimous approval of the existing Members of the Limited Liability Company.

**ARTICLE 6.0**

Upon the affirmative majority thereof, the remaining Members of the Limited Liability Company may 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.

**ARTICLE 7.0**

The Limited Liability Company shall be managed by a Manager or Managers and the name and address of the initial Managers are as follows:

**JOHN SHERRILL**

**1<sup>ST</sup> Street East  
Horseshoe Beach, FL 32648**

**JEFF REED**

**Hwy. 351  
Horseshoe Beach, FL 32648**

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01 AUG 30 PM 5:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned Members have executed these  
Articles of Organization this 29th day of August, 2001.

*Shelia Brown*



*[Handwritten Signature]*  
\_\_\_\_\_  
JOHN SHERRILL

*[Handwritten Signature]*  
\_\_\_\_\_  
JEFF REED

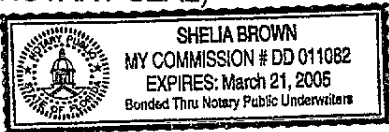
FILED  
01 AUG 30 PM 5: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF LEVY

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared JOHN SHERRILL, known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form(s) of identification: ( ) personally known or ( ) produced identification \_\_\_\_\_ . No oath(s) taken.

WITNESS my hand and official seal in the County and State last aforesaid this 29th day of August, 2001.

(NOTARY SEAL)



Shelia Brown  
Notary Signature  
Shelia Brown  
Notary Printed Name

01 AUG 30 PM 5:00  
FILED  
SECRETARY OF STATE  
TALAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF LEVY

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared JEFF REED, known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form(s) of identification: ( ) personally known or ( ) produced identification \_\_\_\_\_ . No oath(s) taken.

WITNESS my hand and official seal in the County and State last aforesaid this 29th day of August, 2001.

(NOTARY SEAL)



Shelia Brown  
Notary Signature  
Shelia Brown  
Notary Printed Name

**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 that following statement to designate a registered office and registered agent in the State of Florida.

1, The name of the Limited Liability Company is GULF COAST SUPPLY HOLDINGS, L.L.C.

2. The name and the Florida street address of the Registered Agent is:

JOHN SHERRILL  
1<sup>ST</sup> Street East  
Horseshoe Beach, FL 32648

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Having been named as Registered Agent and to accept service of process for the above state 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.

  
\_\_\_\_\_  
JOHN SHERRILL  
1<sup>st</sup> Street East  
Horseshoe Beach, FL 32648