

LO10000020498

A Caring Call, Inc.
P.O. Box 1194
Tarpon Springs, FL 34688-1194

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #) 100004694011--9
-11/26/01--01084--015
****130.00 ****130.00

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
01 NOV 26 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO1-20498
QR

Examiner's Initials

✓ ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

• ARTICLE I - Name:

The name of the Limited Liability Company is:

**GULF COAST PROPERTY MAINTENANCE AND EMERGENCY FLOOD
EXTRACTIONS, LLC**

• ARTICLE II - Address:

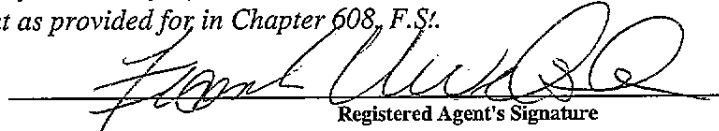
The mailing address and street address of the principal office of the Limited Liability Company is:

**10838 Candy Lane
New Port Richey, FL 34654**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

**FRANK W WEBSTER, EA
1608 Gulf Beach Blvd.
Tarpon Springs, FL 34689-2218**

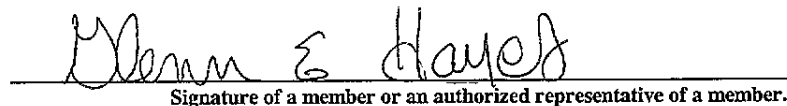
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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 penalty of perjury that the facts stated herein are true.)

Typed or printed name of signer

Glenn E. Hayes

FILED
01 NOV 26 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)