

L 04 000000225

(Requestor's Name)

(Address)

(Address)

[



Gary S. Harris
121 N. Rooks Ave.
Inverness, FL 34453

IL

(Business Entity Name)

L04-225

(Document Number)

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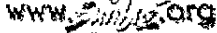
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Gary A. Harris

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GARY S. HARRIS 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 HARRIS
(Name of Person)

(Firm/Company)

121 N. ROOKS AVE.
(Address)

INVERNESS FL. 34453
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY HARRIS at (352) 422 4885
(Name of Person) (Area Code & Daytime Telephone Number)

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

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 16, 2003

GARY S. HARRIS
121 N. ROOKS AVE.
INVERNESS, FL 34453

SUBJECT: GARY S. HARRIS LLC
Ref. Number: W03000038249

We have received your document for GARY S. HARRIS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The on-line filing format cannot be used by mail. Please complete, sign, and return the enclosed blank form, along with a copy of this letter.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 303A00067279

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

GARY J. HARRIS LLC

ARTICLE II - Address:

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

Principal Office Address:

121 N. ROOKS AVE
INVERNESS FL
34453

Mailing Address:

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

GARY J. HARRIS
Name

121 N. ROOKS AVE
Florida street address (P.O. Box **NOT** acceptable)

INVERNESS FLORIDA 34453
City, State, and Zip

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..

Gary J. Harris
Registered Agent's Signature

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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

MGRM

Name and Address:

GARY HARRIS
121 N. ROCKS AVE.
INVERNESS FL 34453

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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Gary S. Harris
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.)

GARY S. HARRIS
Typed or printed name of signee

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)