

LO4 000002756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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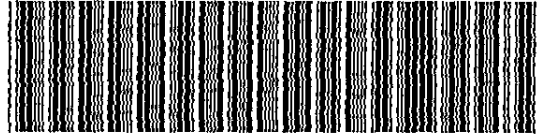
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO4-2756
AR



Greg Post Construction, LLC

(727) 823-3829 ▼ Fax (727) 823-3829

4571 Beach Dr. SE ▼ St. Petersburg, FL 33705 ▼ CGC049827

State Of Florida
Registration Section
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6051

January 6, 2004

To Whom It May Concern:

Day time phone is (727)823-3829. Mailing address is 4571 Beach Dr. SE. St. Petersburg, FL 33705.

Sincerely,

Greg Post

General Contractor

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GREG POST CONSTRUCTION, LLC

ARTICLE II - Address:

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

Principal Office Address:

4571 Beach Dr SE
ST. PETERSBURG, FL 33705

Mailing Address:

4571 Beach Dr S.E.
ST. PETERSBURG, FL 33705

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

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

GREGORY P. POST
Name

4571 Beach Dr. S.E.
Florida street address (P.O. Box **NOT** acceptable)

ST. PETERSBURG, FLORIDA 33705
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..

Gregory P. Post
Registered Agent's Signature

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TALLAHASSEE, FLORIDA
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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

Name and Address:

MGR

GREGORY POST
4571 BEACH DR S.E.
ST. PETERSBURG, FL. 33705

MGRM

Sharon Post
4571 BEACH DR S.E.
ST. PETERSBURG, FL. 33705

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Gregory P. Post
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.)

GREGORY P. POST
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN -7 AM 11:00

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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)