

L040000009339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

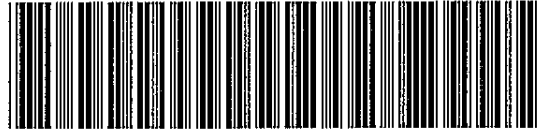
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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BK

RECEIVED
04 FEB -4 AM 8:53
TALLAHASSEE, FLORIDA
STATE
DIVISION
OF
CORPORATIONS

FILED
04 FEB -4 AM 10:43
TALLAHASSEE, FLORIDA
STATE
DIVISION
OF
CORPORATIONS

Capitalrep, Inc.
3238 Addison Lane
Tallahassee, FL 32317

251-3191

City/State/Zip

Phone #

FILED
04 FEB -4 AM 10:43
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

1. Gaines Landscaping Maintenance Contractor, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ 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

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TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
GAINES LANDSCAPING MAINTENANCE CONTRACTOR, LLC**

04 FEB -4 AM 10:43
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1 NAME

The name of the Limited Liability Company shall be:

GAINES LANDSCAPING MAINTENANCE CONTRACTOR, LLC

ARTICLE 2 PRINCIPAL OFFICE

The principal place of business and mailing address of the Limited Liability Company is:

8805 Scott Tower Road
Tallahassee, Florida 32312

**ARTICLE 3 REGISTERED AGENT, REGISTERED OFFICE,
& REGISTERED AGENT'S SIGNATURE**

The name and address of the registered agent is:

Tori Pressley
3238 Addison Lane
Tallahassee, Florida, 32317

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


Signature/Registered Agent

2/3/04
Date

ARTICLE 4 MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member shall be:

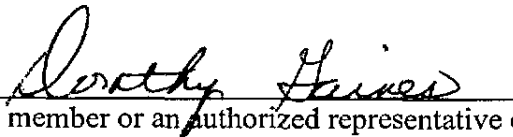
MGRM: Dorothy Gaines

whose address will be the same as the principal office of the
Limited Liability Company.

ARTICLE 5 EFFECTIVE DATE

This Limited Liability Company shall be effective immediately upon filing.

REQUIRED SIGNATURE:

A handwritten signature in cursive script, appearing to read "Dorothy Gaines", is written over a horizontal line.

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.)

Dorothy Gaines

Name of signee