

L04000017231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Name
Availability

Document

Examiner

DOC

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Office Use Only

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Verifier

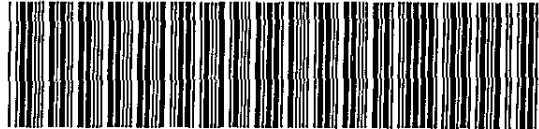
3

Acknowledgement

DOC

W. P. Verifier

DOC



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02/23/04--01018--016 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 23 AM 11:02

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GARCILLE SERVICES LLC
761 KISSIMMEE PLACE
WINTER SPRINGS, FL 32708
321-377-4404

February 17, 2004

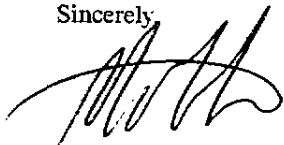
REGISTRATION SECTION
DIVISION OF CORPORATIONS
POST OFFICE BOX 6327
TALLAHASSEE, FL 32314

Dear Sir or Madam:

This letter is to request the legal organization of Garcille services LLC. Enclosed is the Articles of organization as well as a check for \$160.00 to pay for the filing fees, designation of registered agent, certified copy as well as certified copy of status.

I can be reached at 407-695-5834 or 321-377-4404.

Sincerely,



Stephen Garcille
Managing Member

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GARCILLE SERVICES LLC

ARTICLE II - Address:

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

Principal Office Address:

GARCILLE SERVICES LLC

761 KISSIMMEE PLACE

WINTER SPRINGS, FL 32708

Mailing Address:

GARCILLE SERVICES LLC

761 KISSIMMEE PLACE

WINTER SPRINGS, FL 32708

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

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

STEPHEN GARCILLE

Name

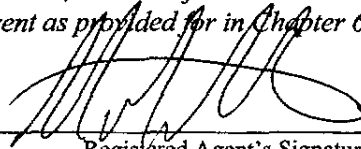
761 KISSIMMEE PLACE

Florida street address (P.O. Box **NOT** acceptable)

WINTER SPRINGS, FL 32708 FLORIDA

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..



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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:

MGRM

STEPHEN GARCILLE

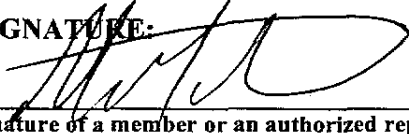
761 KISSIMMEE PLACE

WINTER SPRINGS, FL 32708

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

STEPHEN M. GARCILLE

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)

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TALLAHASSEE, FLORIDA