L04000023908

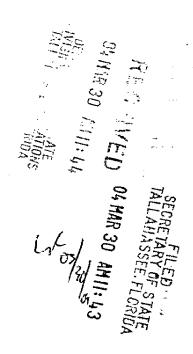
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(D)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300030829293

03/30/04--01031--016 **125.00





TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: G. W. S Jan. torial Service Lt (Name of Limited Liability Company)	<u>_</u>
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John A. G. bbs (Name of Person)	SECRETARY C
G.W.'s Janitorial Service (Firm/Company)	SEE. FLORIDA
1/46 Shade Ville Rd (Address)	53 →
Crawfordville FL. 32327 (City/State and Zip Code)	

For further information concerning this matter, please call:

Tohn A. Cibbs at (850) 926 2273

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

G.W.'s Janitorial Service LLC
ARTICLE II - Address:

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

Principal Office Address:

32327

Mailing Address:

1144 Shedeville Rd Crawfordville FL.

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

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

John A. Gibbs Name

1144 Shada Villa, Rd
Florida street address (P.O. Box NOT acceptable)

Crowfordy II FL 32327
City, State, and Zip

SECRETARY OF STATE AT TALLAHASSEE, FLORIDA

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCRM	John A. Gibbs 1146 Shade V. 11e Rd Crowford V. 11e FL 32327
<u> </u>	
(Use attachment if necessary)	
NOTE: An additional article must be a	added if an effective date is requested.
REQUIRED SIGNATURE:	
John A. Allet Signature of a member of	or an authorized representative of a member.
	on 608.408(3), Florida Statutes, the execution

Filing Fees:

Typed or printed name of signee

\$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)

that the facts stated herein are true.)