

L04 0000 25812

R.W. GAINES  
2115 SE. 16<sup>th</sup> ST.  
CAPE CORAL FLA

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300031265513

03/29/04--01038--015 \*\*155.00

FILED  
04 APR 29 AM 11:35  
TULSA DISTRICT CLERK

4/6  
cust

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**Richard Gaines L.L.C.**

**ARTICLE II – Address:**

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

**Principal Office Address:**

2115 S.E. 16<sup>th</sup> Street  
Cape Coral  
Florida, 33990

**Mailing Address:**

2115 S.E. 16<sup>th</sup> Street  
Cape Coral  
Florida, 33990

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Richard W. Gaines**

Name

**2215 S.E. 16<sup>th</sup> Street**

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

**Cape Coral, Florida, 33990**

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

**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

Richard W. Gaines  
2115 S.E. 16<sup>th</sup> Street  
Cape Coral, Florida, 33990

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY  
TALLAHASSEE, FLORIDA

04 MAR 29 AM 11:35

FILED

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Richard W. Gaines

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.)

Richard W. Gaines

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)