

L04000034252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

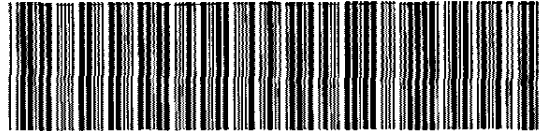
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300035327903

05/06/04--01003--005 **125.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY -5 PM 3:59

RECEIVED
04 MAY -5 PM 4:00
TALLAHASSEE, FLORIDA
STATE
REGISTRARS

J. BRYAN MAY - 5 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOVER'S FRAMING LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REGINALD GLOYER
(Name of Person)

GLOVER'S FRAMING
(Firm/Company)

1600 OLD BAINBRIDGE RD APT # 314
(Address)

TALLAHASSEE FL 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

REGINALD GLOYER
(Name of Person)

at (850) 576-9888
(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY -5 PM 3:59

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLOYER'S FRAMING LLC

ARTICLE II - Address:

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

Principal Office Address:

1600 OLD BAINBRIDGE RD APT 314
TALLAHASSEE FL 32303

Mailing Address:

1600 OLD BAINBRIDGE RD APT 314
TALLAHASSEE FL 32303

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

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

REGINALD GLOYER

Name

1600 OLD BAINBRIDGE RD APT 314

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

TALLAHASSEE FL FL 32303

City, State, and Zip

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY -5 PM 3:59

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..

Reginald Gloyer

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

REGINALD GLOVER

1600 OLD BAINBRIDGE RD 314

TALLAHASSEE FL 32303

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
04 MAY -5 PM 3:59

(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.)

REGINALD GLOVER

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)