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(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	9)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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04/30/04--01056--015 **160.00



10: Registration Section	·
Division of Corporations	
SUBJECT: GILILEO KOOFING AND REPAIR 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:	
LARRY D. GILLEO.	_ ,
(Name of Person)	•
GILLIEO KOOFING AND KEPAIR LLC	·
(Firm/Company)	4 1
1010 LAKE MATTIE KOAD	OF THE STATE OF TH
(Address)	766
AUBURNDALE, FL 33823	- TORON SO
(City/State and Zip Code)	10 mg 50
	Along .
For further information concerning this matter, please call:	70
	,
LARRY D. GILLED at (863) 967-1611	<u></u>
(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 Taliahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FT ORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

> LARRY D. GILLEC Name
>
> 1010 LAKE MATTIE KL
>
> Florida street address (P.O. Box NOT acceptable)

HUBURNOALE FLORIDA 33823

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..

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	ing Member(s): or Managing Member is as follow	s:	On 34
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	Δ.	PALANA.
_MGR	LARRY D. GILILEO 1010 LAKE MATTIE AUBURNDALE, PL.	0 ROAD 33823	- - -
<u> </u>			.
			· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is requ	ested.	•
REQUIRED SIGNATURE:		•	
1 × 1 0 10			
Signature of a member or an au	thorized representative of a member.	₹ø.	i.
(In accordance with section 608.4 of this document constitutes an after that the facts stated herein are true	08(3), Florida Statutes, the execution furnation under the penalties of perjury		
Typed or pryh	ted name of signee		

Filing Fees:
\$100.00 Filing Ree for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)