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2004 MAY 19 P 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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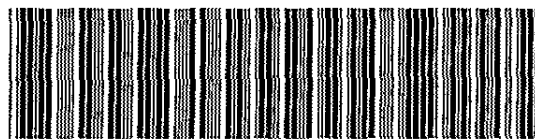
(Business Entity Name)

(Document Number)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GERREN FAMILY ENTERPRISES LLC

10800 KILCRENE WAY

TALLAHASSEE FL 32305

MICHAEL GERREN

Home - 850-421-8437

Cell - 850-508-3805

Fax - 850-421-3338

TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

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SUBJECT: GERRELL FAMILY ENTERPRISES L.L.C.
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

MICHAEL W. GERRELL
(Name of Person)

GERRELL FAMILY ENTERPRISES L.L.C.
(Firm/Company)

10800 KILCREASE WAY
(Address)

TALLAHASSEE FL 32305
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL W. GERRELL
(Name of Person)

at (850) 421-8437
(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**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

GERRELL FAMILY ENTERPRISES 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:

Mailing Address:

10800 KILCREASE WAY

10800 KILCREASE WAY

TALLAHASSEE FL 32305

TALLAHASSEE FL 32305

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

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

MICHAEL W GERRELL

Name

10800 KILCREASE WAY

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

TALLAHASSEE

FLORIDA

32305

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..

Michael W. Gerrell

Registered Agent's Signature

FILED

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MICHAEL W. GERRELL

10800 KILCREASE WAY

TALLAHASSEE FL 32305

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Michael W. Gerrell

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.)

MICHAEL W. GERRELL

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)