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(Requestor's Name)

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PICK-UP WAIT MAIL

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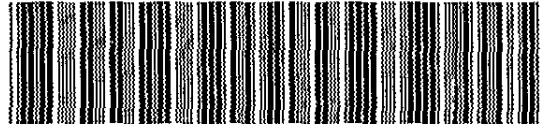
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TALLAHASSEE, FLORIDA

W04 27058

**McManus
&
McManus, P.A.**

Attorneys at Law

R. Bruce McManus, President
Board Certified Wills, Trusts and Estate Lawyers
Fred J. McManus 1904-1983

Mary McManus Taylor

June 7, 2004

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **Bill Gillespie, LLC**

Dear Representative:

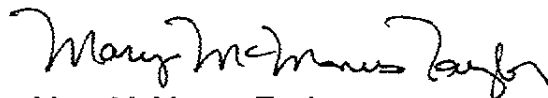
Enclosed please find two copies of the Articles of Organization for **BILL GILLESPIE, LLC**, a new Florida Limited Liability Company. Please file one copy and return the second file-stamped copy in the envelope provided. A check in the amount of \$125.00 is enclosed to cover the following expenses:

Filing Articles of Organization	\$100.00
Designation and Acceptance by Registered Agent	<u>25.00</u>
	\$125.00

If you have any questions, please contact my office.

Your very truly

McMANUS & McMANUS, P.A.



Mary McManus Taylor

MMT:tif

Enclosures
cc: Bill Gillespie

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 11, 2004

MARY MCMANUS TAYLOR
MCMANUS & MCMANUS, P.A.
79 OVERBROOK BLVD
LARGO, FL 33770-2899

SUBJECT: BILL GILLESPIE, LLC
Ref. Number: W04000022658

We have received your document for BILL GILLESPIE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 404A00039657

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: Bill Gillespie, LLC

ARTICLE II - Address :

The mailing address and street address of the principal office of Bill Gillespie, LLC is: 524 Marnie Circle, West Melbourne, FL 32904

ARTICLE III - Duration

The period of duration for Bill Gillespie, LLC, shall be perpetual.

ARTICLE IV - Registered Agent:

The name and street address of the company's initial Registered Agent in the State of Florida is:

Tricia Summers, C.P.A.
414 11th Street NW
Largo, FL 33770

Said Registered Agent has simultaneously herewith executed a statement in writing prescribed by the Department of State accepting the appointment as a Registered Agent, which acceptance states that the Registered Agent is familiar with and accepts the obligations of that position.

ARTICLE V - Additional Members:

The members may admit additional members to the company, provided the existing members have a right of first refusal to purchase any interest of an existing member and further provided that any additional members are subject to the terms and conditions of the Operating Agreement.

ARTICLE VI - Continuation of Business

Upon the death, retirement, resignation, or expulsion of any member of the company, the business of the company shall continue, subject to the terms of the Operating Agreement.

ARTICLE VII - Management

The company is to be managed by its member whose name and address is as follows:

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TALLAHASSEE, FLORIDA

Bill Gillespie
524 Marnie Circle
W Melbourne, FL 32904

By: Bill Gillespie
Bill Gillespie, Managing Partner

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TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

Bill Gillespie, LLC

524 Marnie Circle, West Melbourne, FL 32904

2. The name and address of the registered agent and office is:

Tricia Summers, C.P.A.

414 11th Street NW

Largo, FL 33770

Having been named as registered agent and to accept service of process for the above stated corporation 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.



Print Name: Tricia Summers, C.P.A.

Date: 6-24-04

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