

L04 000077479

(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



000041555450

10/25/04--01019--016 **125.00

FILED
2004 OCT 25 PM 1:07
TALLAHASSEE, FLORIDA

J. BRYAN OCT 26 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G.L. SMITH, A.C., 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:

THOMAS C. SANTORO

(Name of Person)

THOMAS C. SANTORO, ESQUIRE

(Firm/Company)

1700 WELLS ROAD, SUITE 5

(Address)

ORANGE PARK, FLORIDA 32073

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas C. Santoro

(Name of Person)

at (904) 278-8713
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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
2004 OCT 25 PM 1:07
JULIAN REGISTRATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

G. L. SMITH A.C., LLC

ARTICLE II - Address:

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

Principal Office Address:

7566 Allgood Court

Jacksonville, Florida 32244

Mailing Address:

7566 Allgood Court

Jacksonville, Florida 32244

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

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

Thomas C. Santoro, Esquire

Name

1700 Wells Road, Suite 5

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

Orange Park FL 32073

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, F.S.



Registered Agent's Signature

(CONTINUED)

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

"MGRM" = Managing Member

Eugene L. Smith

Jacksonville, Florida 32244

32244
2004 OCT 25 PM 1:07
ALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Eugene Smith

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.)

Eugene L. Smith

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)