

W4000077952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

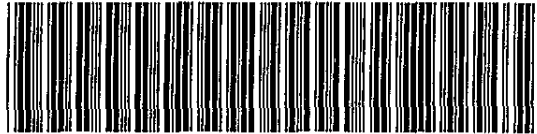
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10/25 FL LC

EFF 11/1/04

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MJH

SEAL OF THE  
TALLAHASSEE FLORIDA

04 OCT 25 AM 9:38

FILED

## Transmittal Letter

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: G & C REMODELING SERVICES, LLC**  
(Proposed Limited Liability Corporate name -- must include suffix)

Enclosed is an original and one(1) copy of the articles of organization for Florida Limited Liability Company and a check for:

☐ \$125.00  
Filing Fee  
& Designated  
Registered Agent.

☒ \$130.00  
Filing Fee/RA  
& Certificate of Status

<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$160.00 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: GARY LOWE**  
Name (Printed or Typed)

1257 FIELDSTONE AVE  
Address

DELTONA, FL 32725  
City, State & Zip

386-748-0170  
Daytime Telephone Number

**NOTE: Please provide the original and one copy of the articles.**

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is: G & C REMODELING SERVICES, LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 1257 FIELDSTONE AVE DELTONA, FL 32725

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

GARY LOWE

Name

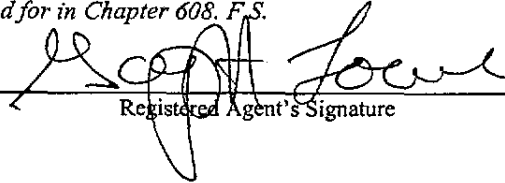
1257 FIELDSTONE AVE

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

DELTONA, FL 32725

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV – Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager managed company.

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

**TITLE**

**NAME & ADDRESS**

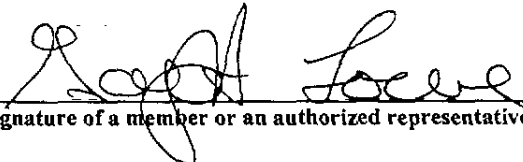
MGR

GARY LOWE

1257 FIELDSTONE AVE DELTONA, FL 32725

**ARTICLE V – Effective Date**

The Limited Liability Company requested effective date is <sup>Nov</sup>~~May~~ 1, 2004

  
\_\_\_\_\_  
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.)

GARY LOWE

Typed are printed name of signee