

LOS0000 24095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

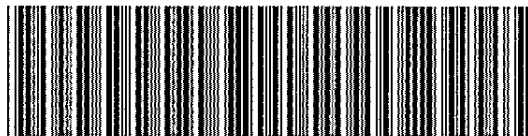
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SECRETARY OF STATE
CLARKESBURG, WV

2005 MAR -8 AM 9:44

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULFSTREAM GLASS & MIRROR 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:

RODERICK McGRATH
(Name of Person)

GULFSTREAM GLASS & MIRROR LLC
(Firm/Company)

99 KING STREET SUITE 1031
(Address)

ST. AUGUSTINE FL 32084
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FL 32314

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For further information concerning this matter, please call:

RODERICK McGRATH at (904) 824-9222
(Name of Person) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GULFSTREAM GLASS & MIRROR LLC

ARTICLE II - Address:

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

Principal Office Address:

GULFSTREAM GLASS & MIRROR LLC
99 KING STREET SUITE 1031
ST. AUGUSTINE FL 32084

Mailing Address:

GULFSTREAM GLASS & MIRROR LLC
99 KING STREET SUITE 1031
ST. AUGUSTINE FL 32084

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

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

RODERICK McGRATH

Name


99 KING STREET SUITE 1031

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

ST. AUGUSTINE FLORIDA 32084

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)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

RODERICK McGRATH

99 KING STREET SUITE 1031

ST. AUGUSTINE FL 32804

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

RODERICK McGRATH

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ► See separate instructions for each line. ► Keep a copy for your records.	EIN 20-2098207 OMB No. 1545-0003			
1* Legal name of entity (or individual) for whom the EIN is being requested GULFSTREAM GLASS & MIRROR LLC					
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name			
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 99 KING STREET SUITE 1031		5a Street address (if different) (Do not enter a P.O. box)			
4b* City, state, and ZIP code ST AUGUSTINE FL 32084 -		5b City, state, and ZIP code			
6* County and state where principal business is located County ST JOHNS State FL					
7a Name of principal officer, general partner, grantor, owner, or trustor RODERICK McGRATH		7b SSN, ITIN, EIN			
8a* Type of entity (check only one) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ► <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ► <input checked="" type="checkbox"/> Other (specify) ► MULTI MEMBER LLC					
<input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises <input type="checkbox"/> Group Exemption NO. (GEN) ►					
8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country			
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ► LIMITED LIABILITY CO <input type="checkbox"/> Banking purpose (specify purpose) ► <input type="checkbox"/> Changed type of organization (specify new type) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Created a trust (specify type) ► <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ► <input type="checkbox"/> Other (specify) ►					
10* Date business started or acquired (month, day, year) JAN 4 2005		11 Closing month of accounting year DEC			
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)					
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-"		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Agriculture 0</td> <td style="text-align: center;">Household 0</td> <td style="text-align: center;">Other 0</td> </tr> </table>	Agriculture 0	Household 0	Other 0
Agriculture 0	Household 0	Other 0			
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) GLASS INSTALLATION SERVICE					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. GLASS INSTALLATION SERVICES					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes" please complete lines 16b and 16c					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ► Trade name ►					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name				
	Address and ZIP code				
		Designee's telephone number (include area code) () - Designee's fax number (include area code) () -			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)		Applicant's telephone number (include area code)			

▶ <u>RODERICK McGRATH</u> Signature ▶ <u>Not Required</u>	Date ▶ <u>January 04, 2005 GMT</u>	(<u>904</u>) <u>824</u> - <u>9222</u> Applicant's fax number (include area code) () -
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