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(Requestor's Name)

(Address)

(Address)

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2005 MAR 24 PM 2:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAR 25 2005

TRANSMITTAL LETTER

FILED
2005 MAR 24 PM 2:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: STEVE GOMEZ INSTALLATION, L.L.C.
Name of Limited liability

Enclosed are an original and one (1) copy of the articles of organization and a Check for

{x} $100.00 Filing Fee	{x} $25.00 Designation of Registered Agent	{x} $30.00 Certified Copy	{x} $5.00 Certificate of Status

Total Check Amount Enclosed {x} $160.00

FROM: Bonnie L. Richardson & Associate
Name

13800 S. Magnolia Avenue
Address

Ocala, Florida 34473
City, State & Zip Code

(352) 875-6728
Daytime Telephone Number

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

STEVE GOMEZ INSTALLATION LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
16651 N.E. 5th STREET	16651 N.E. 5ht Street
WILLISTON, FLORIDA 32696-9030	WILLISTON, FLORIDA 32696-903(

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

STEVE GOMEZ
Name

16651 N.E. 5th Street
Florida street address (P.O. Box **NOT** acceptable)

WILLISTON FLORIDA 32696
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.

Steve Gomez
Registered Agent's Signature

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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TALLAHASSEE, FLORIDA

Title: **"MGR" = Manager** **"MGRM" = Managing Member**	**Name and Address:**
MGR	STEVE GOMEZ 16651 N.E. 5th Street WILLISTON, FLORIDA 32696

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Steve Gomez

Signature of a member or an authorized representative of a member

BONNIE L. RICHARDSON
Notary Public - State of Florida
My Commission Expires May 19, 2006
Commission # DD119101
Bonded By National Notary Assn.

Bonnie L. Richardson
March 21, 2005

(In accordance with section 606.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Steve Gomez

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)

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