

205000037024

FILED

Florida Department of State  
Division of Corporations  
Public Access System

2005 APR 14 A 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000092769 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

RECEIVED

05 APR 14 AM 7:25

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Gulf Coast Illumination, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

AL

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**FILED****ARTICLE I - Name**

The name of the Limited Liability Company is: **Gulf Coast Illumination, LLC**

2005 APR 14 A 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address**

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

**Principal Office Address:**

523 7th Street, Suite B

Port St. Joe, FL 32456

**Mailing Address:**

523 7th Street, Suite B

Port St. Joe, FL 32456

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

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

**Jeremy T.M. Novak**

\_\_\_\_\_  
Name

**523 7th Street, Suite B**

\_\_\_\_\_  
(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Port St. Joe, FL 32456**

\_\_\_\_\_  
(City / State / 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 - Jeremy T.M. Novak

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

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

**FILED****Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

2005 APR 14 A 10: 37

MGRMJeremy T.M. Novak- 523 7th Street, Suite B, Port St. Joe, FL 32456  
TALLAHASSEE, FLORIDAMGRMClay A. Williams- 209 7th Street, Port St. Joe, FL 32456

(Use attachment if necessary)

**REQUIRED SIGNATURE:**  
\_\_\_\_\_  
Signature of a member or 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.)

Jeremy T.M. Novak

Typed or printed name of signee