

LD50000048795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

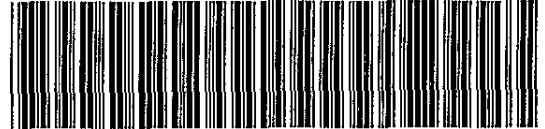
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100053851811

05/11/05--01033--008 **160.00

FILED
05 MAY 11 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Tax ID 59-2245923

dan@stewartlawfirm.com

P.O. Box 696

Milton, FL 32572

Dan Stewart, PA

Attorney at Law

Protecting Your Legal Rights Since 1981

May 9, 2005
~~March 28, 2005~~



4519 Highway 90

Pace, Florida 32571

(850) 994-4887

(850) 936-9648

(Fax) 994-4541

Secretary of State
Division of Corporations
Corporate Filings
Post Office Box 6327
Tallahassee, FL 32314

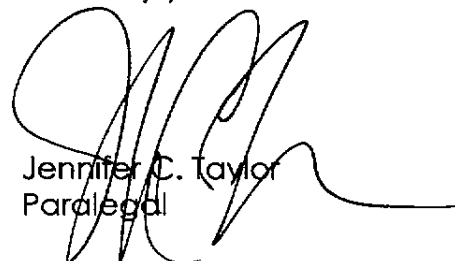
Re: **GULF COAST WALLCOVERING INSTALLERS, LLC**

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Organization for the captioned LLC. Please file same and return a certified copy to our office in the envelope provided. I have also enclosed a check in the amount of \$160.00 which represents payment of the filing fee, registered agent designation, certified copy fee, and certificate of status fee.

If you have any questions concerning the enclosed please do not hesitate to contact me.

Sincerely yours,



Jennifer C. Taylor
Paralegal

:jct
Enclosures

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

ARTICLE I - NAME:

The name of the Limited Liability Company is:

GULF COAST WALLCOVERING INSTALLERS, LLC

ARTICLE II - ADDRESS:

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

Principal Office Address:

5010 Jab Court
Pace, FL 32571

Mailing Address:

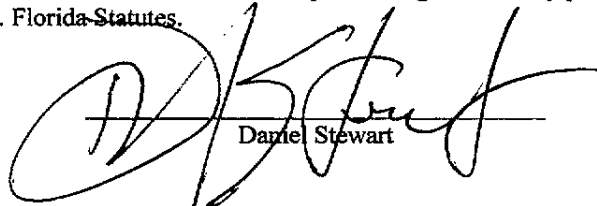
5010 Jab Court
Pace, FL 32571

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

Daniel Stewart, Esquire
4519 Hwy. 90
Pace, Florida 32571

Having been named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this certificate. I hereby request the appointment as registered agent and agree 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.


Daniel Stewart

FILED
05 MAY 11 PM 1:57
SECRETARY OF STATE
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

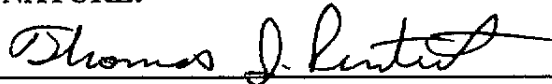
"MGRM" = Managing Member

Name and Address:

MGR

Thomas Jeffery Pentecost
5010 Jab Court
Pace, Florida 32571

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.)

Thomas Jeffery Pentecost
(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

\$ 5.00 Certificate of Status

FILED
05 MAY 11 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA