

# W5000110962

Florida Department of State  
Division of Corporations  
Public Access System

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.**

((H05000265853 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 NOV 16 AM 10:32

DIVISION OF CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 16 AM 9:38

FILED

M. Thomas NOV 17 2005

## LIMITED LIABILITY COMPANY

G.B. Contracting LLC

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

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **G.B. Contracting 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:428 North Rossetti Drive428 North Rossetti DriveNokomis, FL 34275Nokomis, FL 34275

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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


Gregory Boscia

Name

428 North Rossetti Drive(P.O. Box or Mail Drop Box **NOT** Acceptable)Nokomis, FL 34275

(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 - Gregory Boscia

FILED  
05 NOV 16 AM 9:38  
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:MGRMGregory Boscia- 428 North Rossetti Drive, Nokomis, FL 34275

(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.)

Gregory Boscia

Typed or printed name of signee

 SECRETARY OF STATE  
 PALM BEACH COUNTY, FLORIDA

05 NOV 16 AM 9:38

FILED