

L0600000/5526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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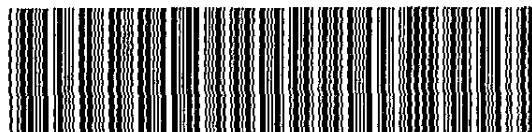
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE

01/15/06

01/17/06--01033--022 **125.00

FILED

2006 JAN 17 AM 11:08

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

W06-2941
& BRYAN JAN 20 2006

J. BRYAN FEB 14 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2006

GARY B. SMITH
GBS MOWING, LLC
4311 S COOLIDGE AVE
TAMPA, FL 33611-1309

SUBJECT: GBS MOWING LLC
Ref. Number: W06000002941

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2006 JAN 17 AM 11:08
TALLAHASSEE, FLORIDA

We have received your document for GBS MOWING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 17, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 306A00004302

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GBS Mowing 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:

GBS Mowing, LLC
(Name of Person)

(Firm/Company)

4311 S COOLIDGE AVE.
(Address)

TAMPA, FL 33611-1309
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY B. SMITH at (813) 037-1106
(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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2006 JAN 17 AM 11:09
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOS MOWING, LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

4311 S. COOLIDGE AVE.
TAMPA, FL 33611-1309

Mailing Address:

SAME

EFFECTIVE DATE
01/15/06

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

GARY B. SMITH
Name

4311 S. COOLIDGE AVE
Florida street address (P.O. Box NOT acceptable)

TAMPA FL 33611-1309
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..

Gary B. Smith
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

GARY B. SMITH
4311 S. COOLIDGE AVE
TAMPA, FL 33611-1309

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2006 JAN 17 AM 11:09
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/15/2006. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Gary B Smith
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.)

GARY B. SMITH
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)