# mm05757

(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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Office Use Only



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05/31/06--01052--029 \*\*160.00

EFFECTIVE DATE 05-30-00

## **COVER LETTER**

TO;	Registration Section Division of Corporations			
SUBJECT: EDWARD BURNETT GAINES, LLC				
	(Name of Limited	d Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	Edward Burnett Gaines			
	(1	Name of Person)		
EDWARD BURNETT GAINES, LLC				
•	(	Firm/Company)		
1436 Avondale Avenue				
		(Address)		
Jacksonville, FL 32205				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Edward Burnett Gaines at (904 ) 388-4095				
	(Name of Person)	(Area Code & Daytime Te	elephone Number)	
Enclos	sed is a check for the following amount:			
□ \$125	5.00 Filing Fee \$\bigcup \$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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE 05-30-00			
EDWARD BURNETT GAINES, 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:	Mailing Address:			
1436 Avondale Avenue	1436 Avondale Avenue			
Jacksonville, FL 32205	Jacksonville, FL 32205			
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:				
Edward Burnett Gaines Name				
	Manie			
1436 Avondale Avenue				
Florida street address (P.O. Box NOT acceptable)				
Jacksonville,	FL 32205			
City, State, a	nd Zip			
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			

(CONTINUED)
Page 1 of 2

Eline Buritt Stand
Registered Agent's Signature (BEQUIRED)

DIVISION OF CORPORATIONS

# 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 MGRM Edward Burnett Gaines 1436 Avondale Avenue Jacksonville, FL 32205

ARTICLE V: Effective date, if other than the date of filing: May 30, 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:**

(Use attachment if necessary)

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.)

Edward Burnett Gaines
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)

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