

L06000070745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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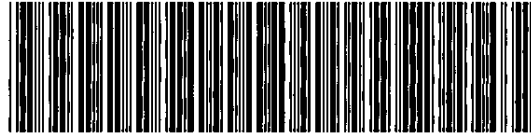
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 243565 81034A

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 155.00

2006 JUL 17 PM 2:37
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 17, 2006

ORDER TIME : 10:31 AM

ORDER NO. : 243565-005

CUSTOMER NO: 81034A

DOMESTIC FILING

NAME: G AND L, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
G AND L, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I ~ Name

The name of the limited liability company shall be **G AND L, LLC**.

ARTICLE II ~ Address

The street address of the principal office of the Limited Liability Company shall be 3 Chestnut Avenue Southeast, Ft. Walton Beach, Florida 32548 but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

The mailing address for the Limited Liability Company shall be 3 Chestnut Avenue Southeast, Ft. Walton Beach, Florida 32548.

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

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

Gregory Killingsworth
3 Chestnut Avenue Southeast
Ft. Walton Beach, FL 32548

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.

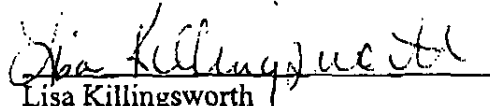

GREGORY KILLINGSWORTH
Registered Agent's Signature

ARTICLE IV ~ Management

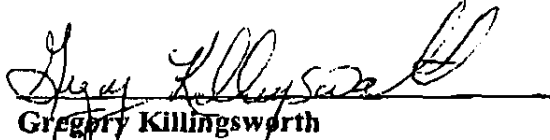
* This Limited Liability Company is a member-managed company.

This Limited Liability Company is a manager-managed company.

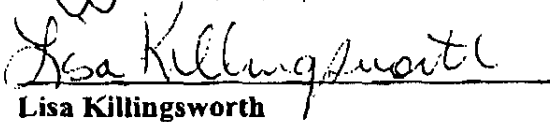

Gregory Killingsworth
Signature of member


Lisa Killingsworth
Signature of member

In accordance with §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 Killingsworth

7/14/06
Date signed

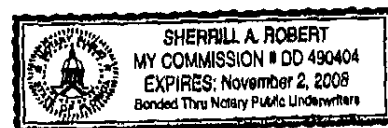

Lisa Killingsworth

7/14/06
Date signed

STATE OF FLORIDA
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 14th day of July, 2006
by Gregory Killingsworth, who is personally known to me or provided
Id. Dr. Killingsworth as identification

Sherrill A. Robert
Notary Public
My Commission Expires:



STATE OF FLORIDA
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 14th day of July, 2006
by Lisa Killingsworth, who is personally known to me or provided
Id. Dr. Killingsworth as identification

Sherrill A. Robert
Notary Public
My Commission Expires:

