

L06000105644

(Requestor's Name)

Everest B&T Service LLC
17106 69th Street North
Coxahatchee FL 33470

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

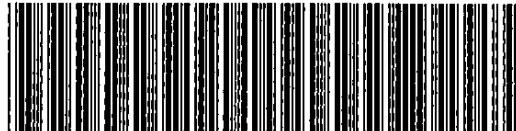
Special Instructions to Filing Officer:

LLC

10/4

Office Use Only

#125-CF



700079568507

10/11/06--01005--004 **125.00

10/4/06

Reject
wdb-45030

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT 11 AM 11:08

FILED

Everette GAVE
AUTHORIZATION BY PHONE TO
CORRECT E.H. Date / Title to MGRM
DATE Oct 13/07
DOC. EXAM LRM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2006

EVERETT D GIBBS
17106 69TH STREET NORTH
LOXAHATCHEE, FL 33470

SUBJECT: EVEREST B&T SERVICE, LLC
Ref. Number: W06000045038

We have received your document for EVEREST B&T SERVICE, 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):

The Division of Corporations do not reserve names. Please complete the Articles of Organization.,

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) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 506A00061109

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Everest B&T Services, 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:

Everett D. Gibbs Jr.
(Name of Person)

Everest B&T Services, LLC.
(Firm/Company)

17106 69th Street North
(Address)

Coxahatchee FL 33470
(City/State and Zip Code)

For further information concerning this matter, please call:

Everett Gibbs at (561) 758-6774
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Everest B&T Services, Limited Liability Company
(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:

Everest B&T Services, LLC.
17106 69th Street North
Loxahatchee Florida 33470

Mailing Address:

Everett D. Gibbs Jr.
17106 69th Street North
Loxahatchee FL 33470

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:

Everett D. Gibbs Jr.
Name

17106 69th Street North
Florida street address (P.O. Box NOT acceptable)

Loxahatchee FL 33470
City, State, and Zip

FILED
06 OCT 11 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Everett D. Gibbs Jr.
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:

Sole Proprietor
MGRM

Everett D. Gibbs Jr.
17106 69th Street North
Loxahatchee FL 33470

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/4/20 (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:

Everett D. Gibbs Jr.
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.)

Everett D. Gibbs Jr.
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)