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(Business Entity Name)

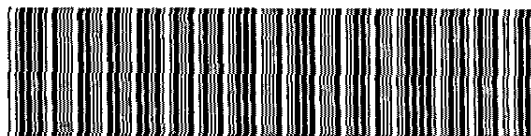
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TALLAHASSEE, FLORIDA

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07 MAR -9 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF COAST RESOURCE AND STRATEGIC
(Name of Limited Liability Company) MANAGEMENT, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TONY NZERIBE
(Name of Person)

GULF COAST RESOURCE AND STRATEGIC
(Firm/Company) MANAGEMENT, LLC
812 S. MACOMB ST.
(Address)

TALLAHASSEE, FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

TONY NZERIBE at (850) 322-4541
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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:

GULF COAST RESOURCE AND STRATEGIC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")
MANAGEMENT, 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:

812 S. MARLBOROUGH
TALLAHASSEE FL
32301

SKINE

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:

SHARON AMES-DENARD
Name

316 BARBOURVILLE DR.
Florida street address (P.O. Box NOT acceptable)

TALL FL 32301
City, State, and Zip

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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.

[Signature]
Registered Agent's Signature (REQUIRED)

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:

MGR

TONY NZERIBE
9251 HAWTHORNE ST
TALL, FL 32301

MGR

GUY NZERIBE
512A SECOND ST NE
WASHINGTON, DC 20001

MGR

SHARON ANNE DENNARD
314 BARBARVILLE DR
TALL, FL 32301

MGR

DATI ABBEY
2325 W. PENSAFLORA ST.
APT 117 TALL FL 32304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

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.)

SHARON ANNE DENNARD

Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE
SECRETARY OF STATE

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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)