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(Re	equestor's Name)	
(Ac	Idress)	······································
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
AND SECRETARY OF STATE

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10-207

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Gcoast Installers, LLC		
SUBJECT:	ted Liability Company)	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this matter	ter to the following:	
Daryl Wayman		
	(Name of Person)	-
Gcoast Installers, LLC		
	(Firm/Company)	-
7134 Goodway Dr		
	(Address)	-
Brooksville, FL 34602		
(Cit	y/State and Zip Code)	-
For further information concerning this matter, please	e call:	781 OCT
Daryl Wayman	at 352 232-0483	-8
(Name of Person)	(Area Code & Daytime Telephone Number)	-
Enclosed is a check for the following amount:	FLORI	PH 12: 5
\$125.00 Filing Fee \$\times\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	7

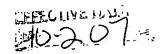
Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:			
Gcoast Installers, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
7134 Goodway Dr	7134 Goodway Dr		
Brooksville, FL 34602	Brooksville, FL 34602		
	ress (P.O. Box NOT acceptable)		
Brooksville, FL 3460			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity	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



ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Daryi Wayman
	7134 Goodway Dr
	Brocksville, FL 34602
MGRM	Cynthia Jarvis
	7134 Goodway Dr
	Brooksville, FL 34602
(Use attachment if necessary)	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In adcordance 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.)

Cynthia Jarvis

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)

Page 2 of 2