

L08000023769

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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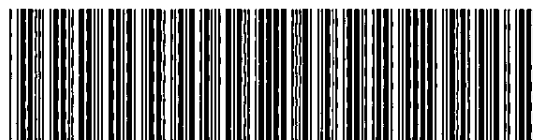
(Business Entity Name)

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TALLAHASSEE, FLORIDA

**B. KOHR**

MAR 7 2008

**EXAMINER**

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

G BOWEN, LLC

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- ☐ Art of Inc. File \_\_\_\_\_
- ☐ LTD Partnership File \_\_\_\_\_
- ☐ Foreign Corp. File \_\_\_\_\_
- ☒ L.C. File \_\_\_\_\_
- ☐ Fictitious Name File \_\_\_\_\_
- ☐ Trade/Service Mark \_\_\_\_\_
- ☐ Merger File \_\_\_\_\_
- ☐ Art. of Amend. File \_\_\_\_\_
- ☐ RA Resignation \_\_\_\_\_
- ☐ Dissolution / Withdrawal \_\_\_\_\_
- ☐ Annual Report / Reinstatement \_\_\_\_\_
- ☐ Cert. Copy \_\_\_\_\_
- ☒ Photo Copy \_\_\_\_\_
- ☐ Certificate of Good Standing \_\_\_\_\_
- ☐ Certificate of Status \_\_\_\_\_
- ☐ Certificate of Fictitious Name \_\_\_\_\_
- ☐ Corp Record Search \_\_\_\_\_
- ☐ Officer Search \_\_\_\_\_
- ☐ Fictitious Search \_\_\_\_\_
- ☐ Fictitious Owner Search \_\_\_\_\_
- ☐ Vehicle Search \_\_\_\_\_
- ☐ Driving Record \_\_\_\_\_
- ☐ UCC 1 or 3 File \_\_\_\_\_
- ☐ UCC 11 Search \_\_\_\_\_
- ☐ UCC 11 Retrieval \_\_\_\_\_
- ☐ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

ARTICLES OF ORGANIZATION

FOR

GBOWEN, LLC

ARTICLE I. NAME

The name of the Limited Liability Company is **GBOWEN, LLC** (hereinafter referred to as the Company).

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Company is: 1050 SNIVELY AVENUE, WINTER HAVEN, FLORIDA 33884.

ARTICLE III. REGISTERED AGENT & OFFICE

The name and the Florida street address of the registered agent for the Company is: ALLAN L. CASEY, ESQUIRE, 395 AVENUE C, N.W., WINTER HAVEN, FLORIDA 33881.

ARTICLE IV.

The Company shall be managed by its below named Managing Member who shall have the sole authority to bind the Company and execute documents on the Company's behalf, as its agent, to wit:

Name

Address

Gilbert Bowen

Post Office Box 218  
Haines City, Florida 33844

IN WITNESS WHEREOF, the undersigned have signed these Articles of Organization as the duly authorized representatives and members of the Company this 6<sup>th</sup> day of March, 2008.

Signed, sealed and delivered  
in the presence of:

WITNESS

Printed Name: Allan L. Casey

GILBERT BOWEN

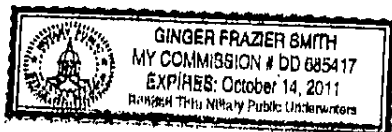
WITNESS

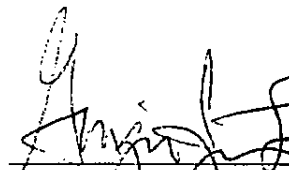
Printed Name: GARY FRAZIER SMITH

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before this 6th day of March, 2008, by **Gilbert Bowen**, as **Managing Member of GBOWEN, LLC**, a Florida limited liability company, on behalf of the LLC. He is personally known to me or ☒ has produced the following identification



  
\_\_\_\_\_  
NOTARY PUBLIC  
State of Florida at Large

Having been named as registered agent and to accept service of process for **GBOWEN, LLC** at the address 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.

  
\_\_\_\_\_  
ALLAN L. CASEY