

L08000023769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

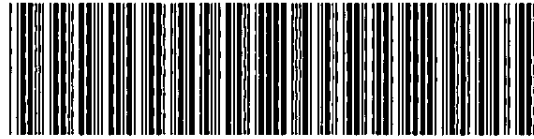
(Business Entity Name)

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DIVISION OF CORPORATIONS
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

GBOWEN, 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

WL

Date

3/6

Time

1:30

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.

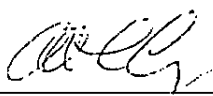
ARTICLE IV.

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:

<u>Name</u>	<u>Address</u>
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 6th day of March, 2008.


Signed, sealed and delivered
in the presence of:



 WITNESS
 Printed Name: Allan L. Casey



 GILBERT BOWEN



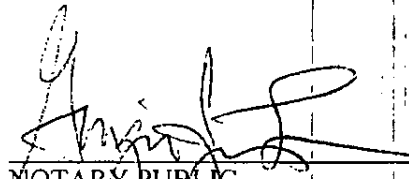
 WITNESS
 Printed Name: Gay Frazier-Smith

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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