

LO8000049537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

05/16/08--01033--014 \*\*125.00

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

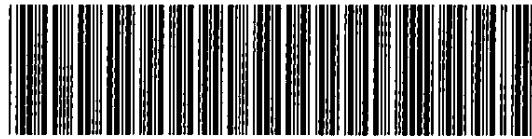
Special Instructions to Filing Officer:

A. LUNT

MAY 19 2008

EXAMINER

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FILED  
MAY 16 2008  
1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **COVER LETTER**

**TO: Registration Section  
Division of Corporations**

SUBJECT: GULF BREEZE HOME 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:

PATRICIA DAWKINS

(Name of Person)

**(Firm/Company)**

300 CAMELLIA ST.

(Address)

(City/State and Zip Code)

7009 MAY 19 P.M. 49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

PATRICIA DAWKINS at ( 850 ) 418-3310  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

**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 Breeze Home Services 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 principal office of the Limited Liability Company is:

Principal Office Address:

300 CAMELLIA ST.  
GULF BREEZE, FL  
32561

Mailing Address:

5 AME

### 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:

Patricia Dawkins  
Name

300 CAMELLIA ST.  
Florida street address (P.O. Box NOT acceptable)

GULF BREEZE FL FL 32561  
City, State, and Zip

2009 MAY 16 P 1:49  
SECRETARY OF STATE  
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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..*

Patricia Dawkins  
Registered Agent's Signature (REQUIRED)

(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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

PATRICIA DAW KINS  
300 CAMELLIA ST.  
GULF BREEZE, FL, 32561

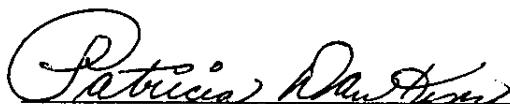
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

(Use attachment if necessary)

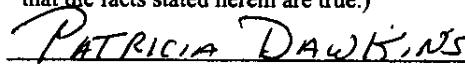
**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**  
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**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.)



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)**