

LO8006060983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

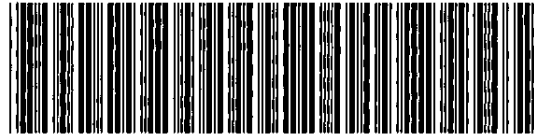
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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6/23/08
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FILED

08 JUN 23 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

08 JUN 23 AM 9:55

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

G & O HOMES LLC

My name is Anna E Owens, address: 511 South Second Street, Wewahitchka, FL 32465.
My daytime phone number is 850-227-4172.

If you should have any questions, please call me at the above number.

Thanks,

A handwritten signature in black ink, appearing to read 'A.E.O.', followed by a long horizontal line extending to the right.

Anna E. Owens

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08 JUN 23 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**511 SOUTH SECOND STREET
WEWAHITCHKA, FLORIDA 32465
850-227-4172
FAX: 850-387-4640**

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: G & O HOMES 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:

ANNA E OWENS

(Name of Person)

G & O HOMES LLC

(Firm/Company)

511 S 2ND STREET

(Address)

WEWAHITCHKA, FL 32465

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANNA E OWENS at (850) 227-4172
(Name of Person) (Area Code & Daytime Telephone Number)

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:

G & O HOMES 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:

511 SOUTH 2ND ST.

WEWAHITCHKA, FL 32465

Mailing Address:

511 SOUTH 2ND ST.

WEWAHITCHKA, FL 32465

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:

ANNA E OWENS

Name

511 SOUTH 2ND STREET

Florida street address (P.O. Box **NOT** acceptable)

WEWAHITCHKA

FL

City, State, and Zip

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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

ANNA E OWENS

511 SOUTH 2ND STREET

WEWAHITCHKA, FL 32465

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SECRETARY OF STATE
FLORIDA

(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.)

ANNA E OWENS

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)