

LD 80000099326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

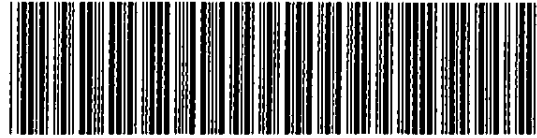
Special Instructions to Filing Officer:

L. SELLERS

OCT 22 2008

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TALLAHASSEE FLORIDA

MyCorporation

An Intuit Company

intuit.

21215 Burbank Blvd, Ste. 400
Woodland Hills, CA 91367

Toll-Free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005
E-mail: info@mycorporation.com

ROUTINE SERVICE FILING REQUEST

Wednesday, October 08, 2008

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *Gulf Coast Title & Escrow Service LLC*

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation, an Intuit Company
Attn: Fulfillment Dept.
21215 Burbank Blvd. Ste. 400
Woodland Hills, CA 91367

**Articles of Organization
For
Gulf Coast Title & Escrow Service LLC
Florida Limited Liability Company**

ARTICLE I - Name:

The name of the Limited Liability Company is Gulf Coast Title & Escrow Service LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

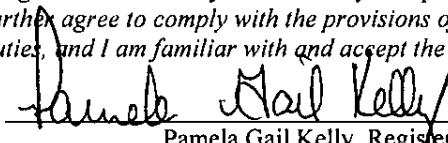
407 Reid Avenue, Suite A
Port St. Joe, Florida 32457

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Pamela Gail Kelly
110 West Seascap Drive
Port St. Joe, Florida 32456

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.



Pamela Gail Kelly, Registered Agent

ARTICLE IV - Management:


The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Pamela Kelly
3501 W. E. Knight Drive, Suite B
Fort Smith, Arkansas 72903

Patricia Kaye Haddock
PO Box 627
Port St. Joe, Florida 32457

Kristen M. Gibbs
PO Box 127
Arkoma, Oklahoma 74901

Lillard
PO Box 627
Port St. Joe, Florida 32457



Meghan Record, Organizer

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