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JAN 15 2009

EXAMINER



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01/14/09--01028--017 **160.00

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SECRETARY OF STATE

COVER LETTER

Registration Section

Division of Corporations
SUBJECT: Gulf Coast Land Clearing LL (Name of Limited Liability Company)
(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:
Glynn H. Mercer (Name of Person)
Gulf Coast Land Clearing LLC.
2703 N. East Avenue
Springfield FL. 32405 (City/State and Zip Code)
For further information concerning this matter, please call:
Glynn H. Mercer at (850) 258-2540 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\times 160.00 Filing Fee, 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:		
Gulf Coast Land Clearing L (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	<u>_</u> LC	1
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabili	ty Compa	ny is:
Principal Office Address: Mailing Address:		
2703 N. East Avenue 2703 N. East, Springfield, FL 32405 Springfield, Fl.	Avenu 3240	rl 15
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual obusiness entity with an active Florida registration.)	nature: or another	
The name and the Florida street address of the registered agent are: OLYMPH. MERCER Name 2703 N. East Avenue Florida street address (P.O. Box NOT acceptable) Springfield FL 32405 City, State, and Zip	09 JAN 14 PM 3: 14	SECRETARY OF SHALL
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appreciatered agent and agree to act in this capacity. I further agree to comply with the postatutes relating to the proper and complete performance of my duties, and I am fam accept the obligations of my position as registered agent as provided for in Chapter and Chapter agent as Signature (REQUIRED)	pointment provisions niliar with	as of all and

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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.)

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)