

LOG0000018347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

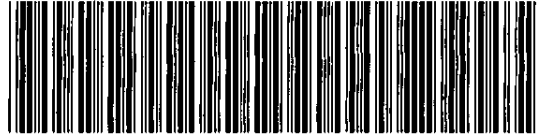
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR - 5 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2009

SIDNEY L. MATTHEW, ESQ.
GORMAN & MATTHEW, P.A.
P.O. BOX 1754
TALLAHASSEE, FL 32302

SUBJECT: G3, LLC
Ref. Number: W09000004153

RECEIVED
09 FEB 25 AM 8:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

We have received your document for G3, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 309A00003074

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-1 Utilities AND Development, 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:

Sidney L. Mathew, Esq.
(Name of Person)

Sidney L. Mathew, P.A.
(Firm/Company)

P.O. Box 1754
(Address)

Tallahassee, FL 32302
(City/State and Zip Code)

For further information concerning this matter, please call:

Sidney L. Mathew at (850) 224-7887
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED COMPANY

A-1 UTILITIES AND DEVELOPMENT, LLC

ARTICLE I. Name

The name of the Limited Liability Company is: A-1 UTILITIES
AND DEVELOPMENT, LLC.

ARTICLE II. Address

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

Principal Office Address:

1163 Landings Loop
Tallahassee, FL 32311

Mailing Address:

Post Office Box 365
Crawfordville, Florida 32326

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TALLAHASSEE, FLORIDA

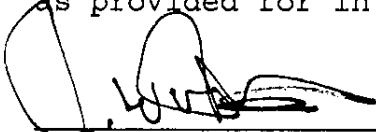
ARTICLE III. Registered Agent, Registered Office,
& Registered Agent's Signature:

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

JAMES N. GREENE, III
1163 Landings Loop
Tallahassee, FL 32311

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, Fla. Stats.



Registered Agent's Signature

ARTICLE IV. Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	<u>Name and Address:</u>
Manager	James N. Greene, III Post Office Box 365 Crawfordville, Florida 32326
Managing Member	

ARTICLE V. Effective date

Effective date, if other than 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.

JAMES N. GREENE, III

Typed or printed name of signee