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**125.00

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(Requestor's Name) (Address)	400158209844
(City/State/Zip/Phone #) PICK-UP (Business Entity Name) (Document Number) Certified Copies Certificates of Status	07/17/0901018016 **120 09 JUL 17 PM 3: 14 09 JUL 17 PM 3: 14 09 JUL 17 PM 3: 14 09 JUL 17 PM 3: 14 ALLAHASS TE FLORIDA
	O9 JUL 17 P SECRETARY C TALLAHASSEE

Office Use Only

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	T: Gutter Groys of North Florida + South Georgia LU Name of Limited Liability Company	C
The encle	sed Articles of Organization and fee(s) are submitted for filing.	
Please re	urn all correspondence concerning this matter to the following:	
	Robert Walter Blanton Ir. Name of Person	
_(gutter langs of N. Florida of Georgia / Seattles Cutte	2_ح
	301 Big Richard Rd.	
	Addiess	2-
	Tallahassee ,-1: 32310 Es w	
_	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further	r information concerning this matter, please call:	
	Robert Blanton at (850) 574.4256 Name of Person Area Code & Daytime Telephone Number	
Enclosed	is a check for the following amount:	
] \$125.00	Filing Fee \$\int_{\text{\$130.00 Filing Fee}} \text{\$\text{\$155.00 Filing Fee}} \text{\$\text{\$\$\$ Certificate of Status}} \text{\$\text{\$\$Certified Copy}\$ (additional copy is enclosed)} \text{\$\text{\$\$Certified Copy}\$ (additional copy is enclosed)} \text{\$\text{\$\$}\$}	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

FILED

09 JUL 17 PM 3: 23

SECRETARY OF SECR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY OF IPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grutter Guys of North Florida & South Georgia 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:	Mailing Address:
301 BigRichard Rd. Tolla bassee, F1. 32310	301 Rig Richard Rd. Tellahader, F.J. 32310

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:

Robert Willanton Vr.
Name
301 Big Richard Rd.
Florida street address (P.O. Box NOT acceptable)
Tallahusseefl 32310
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)

Page 1 of 2

	09 JUL 17
The name and address of each Ma	nager or Managing Member is as follows: LAHASAY OF S
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Managing Member(s): SECRE TARY OF S Name and Address:
MGRM	Robert W. Blanton Jr. 301 Big Richard Rd. Tallahasses F1. 32310
MGRM	Robert W. Blanton 301 Big Richard Rd. Tallahasser, Fl. 32310
(Use attachment if necessary)	
FICLE V: Effective date, if other than in effective date is listed, the date must 90 days after the date of filing.)	the date of filing: 7/17/04. (OPTIONAL) at be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	つ .
	(m3lth
Signature of a men	mber or an authorized representative of a member.
of this document of that the facts stated	
	Robert Blanton Vr.
Filing Face	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)