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Special Instructions to Filing Officer:
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FILED

09 AUG 28 PM 3: 44

SECRETARY OF STATE

D. BRUCE

AUG 28 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:		Installation, LLC			_	
	Name of Limite	ed Liability Company				
The enclosed Articles of Org	anization and fee(s) are :	submitted for filing.				
Please return all corresponde	nce concerning this matt	er to the following:				
	<u> </u>	/ickie Gillett	<u> </u>			
		Name of Person				
	GW	Installation, LLC				
		Firm/Company				
	6269	Fox Run Circle				
 		Address		∑ (/)	0	_
	_			ECR	09 AUG	-
	<u>.</u>	iter, FL 33458		- 	<u>8</u>	
	_	//State and Zip Code		SSE	28	Γ
	gwinsta	allation@gmail.com or future annual report notifica	tion	<u>m</u> o	<u> </u>	
For further information conce	•	•	non <i>)</i>	STATE	PH 3: 44	C
Janet W		at (561) Area Code & Daytin	575-1716 ne Telephone Num		_	
Enclosed is a check for the	following amount:					
\$125.00 Filing Fee \$\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	ate of St	tatus &	
Re Di P.0	ailing Address egistration Section vision of Corporations O. Box 6327 ellahassee, FL 32314	Street/Courier Ad Registration Section Division of Corpo Clifton Building 2661 Executive Co	n rations			-

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 25, 2009

VICKIE GILLETT 6269 FOX RUN CIRCLE JUPITER, FL 33458

SUBJECT: GW INSTALLATION, LLC

Ref. Number: W09000038270

99 AUG 28 PM 3: 44
SECRETARY OF STATE

We have received your document for GW INSTALLATION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 909A00028610

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	stallation, LLC	
•	minor Liability Company, L.E.C., Of ELC.	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Con	พกรทบ is:
and the second of the second o	of the principal office of the comment business con-	
Principal Office Address:	Mailing Address:	
6269 Fox Run Circle	6269 Fox Run Circle	
Jupiter, FL 33458	Jupiter, FL 33458	
Jupiter, FL 33458	Jupiter, FL 33458	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another	er
ARTICLE III - Registered Agent, Re(The Limited Liability Company cannot serve as its	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another soft the registered agent are:	er 09
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ARTICLE III - Registered Agent, Re(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another soft the registered agent are: David Gillett	™ 09 AUG 28
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street addres	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another soft the registered agent are: David Gillett	E 09 AUG 28 PM
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address 25000 Florida street address	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another soft the registered agent are: David Gillett	* 09 AUG 28

David Sillet

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.

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Vickie Gillett, Mgr	25000 Portofino Circle #120
	Palm Beach Gardens, FL 33418
Janet Wolpert, Mgrm	6269 Fox Run Circle
	Jupiter, FL 33458
David Gillett, Mgrm	25000 Portofino Circle #120
	Palm Beach Gardens, FL 33418
Richard Wolpert, Mgrm	6269 Fox Run Circle
	Jupiter, Fl 33458
(Use attachment if necessary)	Jupiter, FI 33458
CLE V: Effective date, if other than effective date is listed, the date mus 0 days after the date of filing.)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days pr
CLE V: Effective date, if other than effective date is listed, the date mus 0 days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days pr
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CLE V: Effective date, if other than effective date is listed, the date mus 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men	the date of filing:

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)