

L10000104359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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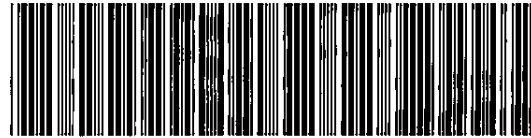
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT -4 PM 4:55

B. KOHR

OCT - 6 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GALAXY RESTORATION 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:

ANTHONY J WILSON

Name of Person

GALAXY RESTORATION LLC

Firm/Company

5215 TRENTON LANE

Address

SARASOTA FL 34232

City/State and Zip Code

EXACT-TAX@SBCGLOBAL.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOB HERRON / EXACT-TAX at ( 913 ) 262-1099

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GALAXY RESTORATION LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "I.L.C.")

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## ARTICLE II - Address:

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

### Principal Office Address:

5215 TRENTON LANE  
SARASOTA FL 34232

### Mailing Address:

SAME

## 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:

ANTHONY J WILSON

Name

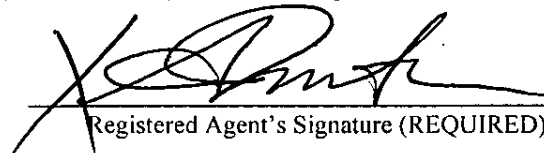
5215 TRENTON LANE

Florida street address (P.O. Box **NOT** acceptable)

SARASOTA FL 34232

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)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

**Name and Address:**

ANTHONY J WILSON  
5215 TRENTON LANE  
SARASOTA FL 34232

(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.)

ANTHONY J WILSON  
\_\_\_\_\_  
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)

GALAXY RESTORATION LLC

SEPT. 1, 2010

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION

- (a) THE NAME OF THE LIMITED LIABILITY COMPANY IS:  
GALAXY RESTORATION LLC
- (b) THE LATEST DATE UPON WHICH THE LIMITED LIABILITY COMPANY  
IS TO DISOLVE IS DECEMBER 31, 2099
- (c) THE PURPOSE FOR WHICH THE LIMITED LIABILITY COMPANY IS ORGANIZED  
IS TO OPERATE AS A CONTRACTOR.
- (d) THE ADDRESS OF THE FLORIDA REGISTERED OFFICE:  
5215 OLD TRENTON LANE  
SARASOTA FL 34232
- THE INITIAL FLORIDA REGISTERED AGENT:  
ANTHONY J WILSON  
5215 OLD TRENTON LANE  
SARASOTA FL 34232
- (e) THE SINGLE MEMBER HAS AGREED TO ADMIT ADDITIONAL MEMBERS ONLY  
WITH HIS AGREEMENT AS TO THE AMOUNT OF NEW MEMBER CAPITALIZATION  
AND MANAGEMENT DUTIES AND VOTING RIGHTS OF NEW MEMBERS.
- (f) THE MEMBER HAS AGREED THAT UPON THE DEATH, RETIREMENT, RESIG-  
NATION, EXPULSION, BANKRUPTCY, OR DISOLUTION OF A MEMBER OR THE  
OCCURANCE OF ANY OTHER EVENT WHICH TERMINATES THE CONTINUED MEM-  
BERSHIP OF A MEMBER IN THE LLC; THE REMAINING MEMBERS MAY VOTE  
TO CONTINUE THE BUSINESS UPON A UNANIMOUS POSITIVE VOTE BY ALL  
REMAINING MEMBERS.
- (g) THE MANAGEMENT OF THE LLC DOES NOT INCLUDE ANY NON-MEMBERS.
- (h) THE LLC IS TO BE MANAGED BY THE SOLE MEMBER ONLY.  
NAME AND ADDRESS OF SOLE LLC MEMBER:

ANTHONY J WILSON  
5215 OLD TRENTON LANE  
SARASOTA FL 34232

THE SINGLE MEMBER WILL HAVE THE ONLY VOICE AS TO THE MANAGEMENT  
DECISIONS OF THE COMPANY.

  
ANTHONY J WILSON

  
DATE

7/30/10