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Office Use Only



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SECRETARY OF STATE
LLAHASSEE, FLORID,

COVER LETTER

Division of Co			
SUBJECT: Gulf C	coast Restoration		
30b/BC1		d Liability Company	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
James A.	Knifer		
		Name of Person	
Gulf Coas	st Restoration		
		Firm/Company	
13430 Gւ	ılf Beach Hwy Suit	te 68	
		Address	
Pensacola,	Florida 32507		
	City	/State and Zip Code	
jjgcr@cox.n	et	or future annual report notification	
For further information	concerning this matter, please	·	,
To further information	concerning uns matter, prease	Call.	
James A. Knifer		at (850) 341-019	
Name	of Person	Area Code & Daytime To	elephone Number
Enclosed is a check for	or 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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Gulf Coast Restoration LLC	
(Must end with the words "Limited Li	lability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13430 Gulf Beach Hwy Suite 68 Pensacola, Florida 32507	13430 Gulf Beach Hwy Suite 68 Pensacola, Florida 32507
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the James A. Knifer	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
• • •	ach Hwy Suite 68
Florida street	t address (P.O. Box NOT acceptable)
Pensacola	EL 32507
City	, State, and Zip
registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	James A. Knifer
	364 Palm Lake Drive
	Pensacola, Florida 32507
MGRM	John Stilloe
	2996 Webb Road
	Binghamton, NY 13903
	
(Use attachment if necessary)	
	the date of filing: 2/14/2011 (OPTIONAL). (OPTIONAL)
days after the date of filing.)	
	,

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

James A. Knifer

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)