## 11000037964

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
MAR 3 0 2011
EXAMINER

Office Use Only



100198091271

03/30/11--01008--010 \*\*160.00

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

TIME 30 M D: 49

## COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	LLON SERV Name of Limited L	CES L.L.	<u>C.</u>
The enclosed Articles of	f Organization and fee(s) are sub	nitted for filing.	•
Please return all corrésp	ondence concerning this matter to	o the following:	
	E. GALLON		
GALL	SERVICE	Tn/Company	
29	96 BARON L	ANE	
		Address	
TAL	LAHASSEE, FI	A. 32305	
	0.0.0.	-	
Contractor Server	E-mail address: (to be used for f		
	concerning this matter, please ca		<b>- B002</b>
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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:
GALLON SERVICES L.L.C.  (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
2996 BARON LANE 2996 BARON LANE TAHAHASSEE FLA: 32305
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:
Eddit GALLON, JR. Name
2996 BARON LANE  Florida street address (P.O. Box NOT acceptable)  TALLAHASSEE FL 32305  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 a 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
Eldie L. ballon JR.  Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MANAGER	ESLIE L. GALLON, DR. 2996 BARON LANE TALLAHAGGEE, FLA 32305
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: MARCH 30, 2011. (OPTION to specific and cannot be more than five business d

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. 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.)

Eddie GALLON, DR.

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)