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DIVISION OF CORPORATION

FILED

11 NOV H6 AMII: 23
SECRETARY OF STATE

B. BOSTICK

NOV 1 6 2011

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: GO	ILT COAST FM Name of Limited Li		KING- LLC
The enclosed Article	s of Organization and fee(s) are subm	uitted for filing.	
Please return all corre	espondence concerning this matter to	the following:	
EDU	und Sotal Time	BROOK e of Person	
2985		n/Company	
Tall	BYINGTON CIT	Address 32303	SECTION TO
<u></u>	City/Stat	te and Zip Code	AND TANKS
For further information	E-mail address: (to be used for fur on concerning this matter, please call		AMIII: 23
Nai	me of Person at (Area Code & Daytime Telephone	e Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	60.00 Filing Fee, ertificate of Status & ertified Copy diditional 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GULF COAST FINE WOODWORKING 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:
TALLAHASS FEFT, FL.	SAME
Florida street add	registered agent are: WBRW CIRCLE dress (P.O. Box NOT acceptable) FL 32303
Si, y, si	tate, 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" = Manager	Name and Address:	
"MGRM" = Managing Member	EDWIN JOHN TIMBIZOU 2985 BYING-TON CIRCLE TAMBHASSFIR, FL. 3230	<u> </u>
· ·	A CO C FO A TO D TO	
	Service Control of the Control of th	5 M U
(Usc attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must less or 90 days after the date of filing.)	e date of filing: (OP be specific and cannot be more than five busin	TIONAL) ess days prioi
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.)

20/10/ 1/19(1)/100

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)