

L12000004333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

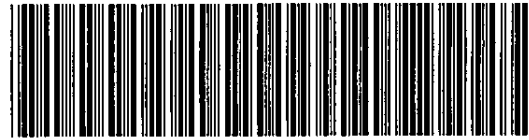
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE 01/05/12



600216059146

600216059146
01/03/12--01013--007 **130.00

FILED
12 JAN -9 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 10 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GUILLEY, HAYES, LAMPKIN, 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:

Erwin D. WATERS
Name of Person

WATERS GENERAL CONTRACTORS, INC
Firm/Company

10070 Scenic Hwy
Address

Pensacola, FL 32514
City/State and Zip Code

Watersgenc@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erwin D. Waters at (850) 232 0439
Name of Person Area Code & Daytime Telephone Number

12 JAN -9 AM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gulley, Hayes, Lampkin, 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:

4005 W Bobe St LT41
Pensacola, FL 32505

4005 W. Bobe St LT41
Pensacola, FL 32505

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:

Waters General Contractors, Inc (Erwin D. Waters)
Name

10070 Scenic Hwy
Florida street address (P.O. Box **NOT** acceptable)
Pensacola, FL 32514
City, State, and Zip

FILED
12 JAN -9 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Erwin D. Waters
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EXPIRES DATE 01/05/12

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

Name and Address:

MGR

Leroy Gulley
4005 W. Babe St CT 41
Pensacola, FL 32505

MGRM

Cornell B. Lampkin JR
2109 W. Yonge St
Pensacola, FL 32505

MGRM

Leroy Hayes
1301 E Scott St
Pensacola, FL 32503

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5 JAN 2012 (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:

Leroy Gulley
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.)

LEROY GULLEY
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)

12 JAN -9 PM 1:18
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED