Division of Corporations Electronic Filing Cover Sheet

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(((H13000228741 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. GULF MECHANICAL CONTRACTORS, LLC

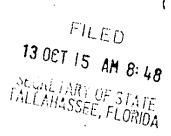
Certificate of Status	0
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K. SALY EXAMINER OCT 1 6 2013

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company is: GULF MECHANICAL CONTRACTORS, LLC			
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:		
Principal Office Address:	Malling Address:		
2300 LOWELL ROAD	PO Box 1561		
SPRINODALE, AR. 72764	Springdale, AR 72765		
5450	MAS SHERMAN Neme N. E. 2nd LANE		
Florida s	droct eddress (P.O. Box NOT acceptable)		
OCALA	PL 34470		
Having been named as registered agent liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and and accept the obligations of my position. Thomas Shema By:	City, State, and Zip and to accept service of process for the above stated limited used in this cartificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with on as registered agent as provided for in Chapter 608, F.S In family forms.		
(CC	ONTINUED)		

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• • • •

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	•
MANAGER	GMC AR INVESTMENTS, LLC
	8233 LA CASA AVENUE
	SPRINGDALE, AR 72762
(Use attachment if necessary)	
CLE V: Effective date, if other th	nan the date of filing: (OPTIONAL
effective date is listed, the date of fili	must be specific and cannot be more than five business

(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.)

Signa (ure of a member or an authorized representative of a member.

JOSEPH G. NICHOLS

Typed or printed name of signee

Piling 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)

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