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(Re	questor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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10/24/13--01023--010 **155.00

EFFECTIVE DATE 10-17-13

TALLAHASSEE FLORIDA

B. BOSTICK
OCT 2 5 2013
EXAMINER

(850) 245-6051.

COVER LETTER

TO:

Registration Section **Division of Corporations**

First Class Services On The Gulf Coast 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:

Thomas J Eby

Name of Person

First Class Services On The Gulf Coast LLC

Firm/Company

1187 Bacon Ave

Address

Sarasota FL 34232

City/State and Zip Code

firstclassgulfcoast@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Eby

Name of Person

Area Code & Daytime Telephone Number

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, N 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 Con	npany is:	
First Class Services On The Gulf Coast LLC		
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liability Co	ompany is
Principal Office Address:	Mailing Address:	
1187 Bacon Ave	1187 Bacon Ave	
Sarasota FL 34232	Sarasota FL 34232	
ARTICLE III - Registered Agent, Ro (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signatu own Registered Agent. You must designate an individual or anot	re: her
The name and the Florida street address	s of the registered agent are:	2013 OCT 24
Thomas J. Eby	一	
	Name Sylving	124
1187 Bacon Ave	The state of the s	
Florida	a street address (P.O. Box NOT acceptable)	PK 12:
Sarasota FL 3423	32 g	(2)

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 (REOUIRED

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
0 0	
CFO	Thomas J. Eby
	1187 Bacon Ave
	Sarasota FL 34232
•	the day of Clim October 17, 2012 (OPTION
LE V: Effective date, if other than	n the date of filing: October 17, 2013 . (OPTION
ffective date is listed, the date n	must be specific and cannot be more than five busin
LE V: Effective date, if other than	must be specific and cannot be more than five busin g.)
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\$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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