

L14000019972

(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



500253535465

01/13/14--01033--013 \*\*125.00

Effective Date 1/13/14

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 13 AM 11:35

2/5



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wm. Gillespie and Son 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:

BRIAN Gillespie  
Name of Person

Wm Gillespie and Son LLC  
Firm/Company

718 SANTA FE AVE  
Address

ORMOND Bch FL 32174  
City/State and Zip Code

bgillespie1201@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Gillespie at ( 386 ) 673-7733  
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, 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 13 AM 11:35



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 21, 2014

BRIAN GILLESPIE  
718 SANTA FE AVE  
ORMOND BEACH, FL 32174

SUBJECT: WM. GILLESPIE AND SON LLC  
Ref. Number: W14000003690

We have received your document for WM. GILLESPIE AND SON LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 13, 2014. Please amend your document accordingly.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6951.

JENNA D HARRIS  
Regulatory Specialist II

Letter Number: 914A00001286

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 13 AM 11:35

Effective Date 1/13/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wm. Gillespie and Son 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:

718 SANTA FE AVE  
ORMOND BCH FL 32174

718 SANTA FE AVE  
ORMOND BCH FL 32174

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:

Brian Gillespie

Name

718 SANTA FE AVE

Florida street address (P.O. Box NOT acceptable)

Ormond Bch FL 32174

City

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 605, F.S.

Brian Gillespie

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

AMBR <sup>MGR</sup> ~~AMBR~~

N/A

BRIAN Gillespie  
718 SANTA FE AVE  
DEMOND BCH FL 32174

MARK Gillespie  
10941 N.W. 100<sup>TH</sup> ST  
FT MCCOY FL 32134

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1-13-2014 (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.)

**ARTICLE VI:** Other provisions, if any.

N/A

**REQUIRED SIGNATURE:**

Brian Gillespie

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (a) (b), 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.)

BRIAN Gillespie

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 13 AM 11:35