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2014 JUN 23 RW 2-07



B. BOSTICK
JUN **2 3** 2014

COVER LETTER

	tration Section on of Corporations			
SUBJECT: _	Gregory Er	nited Liability Company	Drywall +5	stucco, Li
The enclosed A	Articles of Organization and fee(s) a	re submitted for filing.		
Please return a	Il correspondence concerning this m	atter to the following:		
	Gregory U	Er vin Name of Person		-
_	Gregory U Gregory Ervin	Plaster, Drywa	Stucco, L	.LC -
	591 Palmer P	1 min Company		
		Address	· · · · · · · · · · · · · · · · · · ·	+
	Midway, FL	32343		4
	C	City/State and Zip Code	1 P	
	E-mail address: (to be use	d for future annual report notificat	ion)	المنافقة الما
For further info	ormation concerning this matter, ple	ase call:		
Gregor	ry Ervin at (850 \$251-39	168	
-	Name of Person	Area Code Daytime Tele	ephone Number	
Enclosed is a c	heck for the following amount:			
□ \$125.00 Filing	Fee \$\Bigcup\$\$\Bigcup\$\$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 enclo	
·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Gregory Ervin Plaster, (Must end with the words "Limited L	Drywall & Stucco, UC
(Must end with the words "Limited L	.iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
591 Palmer Road	
Mid Way , FL 32343	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Legistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
GREGORY). Sal Palme	EKUTE!
Name	
591 Palme	r Rd. 1 5 1
Florida street address (P.O. Box I	
•	27 7// 20
Midway City	Zip
City	

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.

Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Colon Salvil Tours
MAR Amher	Cross of Contraction
	Midwafla 591 Palmer Rob Theatis Tohnson 1820 Hartsfield Toh
n MDO	72343
AMBR	Theartis Johnson
	1820 Hartsfield rd.
	Tallahossee Fla. 32303
(Liga attachment if magazza)	
(Use attachment if necessary)	
EV: Effective date, if other than the dat	e of filing: (OPTIONAL)
ective date is listed, the date must be s	pecific and cannot be more than five business days prior to or 90
of filing.)	
E VII. Oak	
E VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (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.)

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)