## L14000146062

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## COVER LETTER

	Registration Division of C	Section Corporations			
SUBJEC	T: Guif Co	ast Industries, LLC. Name of Li	mited Liability Com	pany	<del></del>
		of Organization and fee(s) a			
	Guy R. S	-	Name of Person		
	Gulf Coa	st Industries, LLC.	Firm/Company		
	359 Baile	ev Rd.	Address		
	Venice, F	Florida 34292	City/State and Zip Co	ode	
gour	metbison@	aol.com E-mail address: (to be use	ed for future annual r	report notifica	ation)
For further	r information	n concerning this matter, ple	ease cail:		
Guy Ste		at (at (_	941 ) 882-3 Area Code		lephone Number
Enclosed	is a check fo	r the following amount:			
\$125.00 I	Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy)	,	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mai</u>	ling Address	Street/G	Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:		
Gulf Coast Industries, LLC.		······································
(Must end with the words "Limi	ted Liability Company, "L.L.C.	.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principa	al office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
359 Bailey Rd. Venice, FL 34292	359 Bailey Rd. Venice, FL 34292	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registra  The name and the Florida street address of the registe	wn Registered Agent. You must ation.)	
Guy R. Sterling		
Na	me	•
359 Bailey Rd. Florida street address (P.O. I	Box <u>NOT</u> acceptable)	_
Venice	FL 34292	<del></del>
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Registered Agent's Signature.  Registered Agent's Signature.	cept the appointment as registere ans of all statutes relating to the pobligations of my position as registere 605 F.S  gnature (REQUIRED)	ed agent and agree to act in this proper and complete performance gistered agent as provided for in

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Guy R. Sterling
	359 Bailey Rd.
	Venice, FL 34292
AMBR	Adam Orologio
	720 Logtown Rd.
	Fultonville, NY 12072
<del>Va <u>I </u></del>	
····	
	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the da ctive date is listed, the date must be s	
EV: Effective date, if other than the date ctive date is listed, the date must be sf filing.)	
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E V: Effective date, if other than the da ctive date is listed, the date must be s f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ctive date is listed, the date must be so f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90  Live A Live
E V: Effective date, if other than the date ctive date is listed, the date must be so f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a function of constitutes an affirmation on the constitutes an affirmation of the constitutes and affirmation of the co	pecific and cannot be more than five business days prior to or 90  Live an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this document der the resulties of periory that the facts stated before are true.
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