

L15000033083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

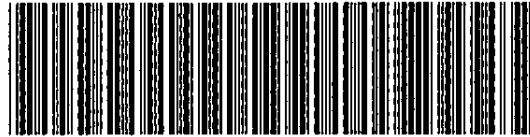
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200268541562

01/30/15--01023--011 **155.00

FILED

2015 JAN 30 PM 5:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 06 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF COAST PROJECT SOLUTIONS 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:

MATTHEW HAAS
Name of Person

GULF COAST PROJECT SOLUTIONS LLC
Firm/Company

912 CHANNELSIDE DR NE #2504
Address

TAMPA FL 33602
City/State and Zip Code

mrh1981@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW HAAS at (813) 777-2197
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

2015 JAN 30 PM 5:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GULF COAST PROJECT SOLUTIONS 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:

6911 N 16th Street
TAMPA, FL 33610

Mailing Address:

6911 N 16th Street
TAMPA, FL 33610

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:

TODD JENKINS

Name

6911 N 16th Street

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

TAMPA

City

FL

33610

Zip

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2015 JAN 30 PM 5:54

FILED

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.

Todd Jenkins

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

AMBR

AMBR

MGR

—

Name and Address:

TODD JENKINS
6911 N 16TH STREET
Tampa, FL 33610

MATTHEW HAAS
912 CHANNELSIDE DR #2504
Tampa, FL 33602

JOPEL JUNKEL
6911 N 16TH STREET
Tampa, FL 33610

N/A

(Use attachment if necessary)

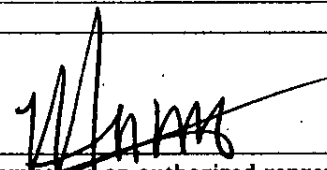
ARTICLE V: Effective date, if other than the date of filing: DATE OF FILING (OPTIONAL)

(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:


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.)

MATTHEW R HAAS
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
2015 JAN 30 PM 5:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA