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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	J & C Gibson Holdings, LLC		
SUBJEC		Limited Liabilit	y Company
The encl	osed Articles of Organization and fee(s) are submitted	or filing.
Please re	eturn all correspondence concerning this	matter to the fo	llowing:
	Crystal L. Gibson		
		Name of I	Person
	J.M. Gibson Mechanical, Inc.		
		Firm/Con	pany
	P.O. Box 1016		
	****	Addre	SS
	Inverness, FL 34451		
	crystalgibson@earthlink.net	City/State and	Zip Code
	E-mail address: (to be u	sed for future ar	nual report notification)
For further	r information concerning this matter, pl	ease call:	
	Crystal L. Gibson	352	220-9064
	at Name of Person	Area Code	Daytime Telephone Number
Enclosed	l is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee & Certificate of Status	LlCertifie	Stiling Fee & Stiling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	-	Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327	(Clifton Building
	Tallahassee, FL 32314	2	661 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:	
J & C Gibson Holdings, LLC	
(Must end with the words "Limited Liabili	ty 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:
4239 S. Paddock Pt., Inverness, FL 34450	P.O. Box 1016, Inverness, FL 34451
ARTICLE III - Registered Agent, Registered Office, & Regi (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	are:

Name

4239 S. Paddock Pt

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

Inverness FL 34450

City State 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager DPTS	
DPTS	Joseph M. Gibson
	4239 S. Paddock Pt.
	Inverness, FL 34450
V	Crystal L. Gibson
	4239 S. Paddock Pt.
	Inverness, FL 34450

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(Use attachment if necessary)	ska dan af Chan
ICLE V: Effective date, if other than a effective date is listed, the date must ate of filing.)	at be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date, if other than a effective date is listed, the date must ate of filing.) If the date inserted in this block do	at be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date, if other than a effective date is listed, the date must ate of filing.) If the date inserted in this block do ocument's effective date on the Department's effective date on the Department's compared to the provisions, if any. REOUIRED SIGNATURE: Signature	es not meet the applicable statutory filing requirements, this date will not be listed rtment of State's records. of a member or an authorized representative of a member.
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ICLE V: Effective date, if other than a effective date is listed, the date must ate of filing.) If the date inserted in this block do ocument's effective date on the Department's effective date on the Department of the Departme	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes. ny false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

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)