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(Re	questor's Name)	····
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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SECRETARY OF STATE TRALLAHASSEE, FIORIN

FEB - 1 2016

## **COVER LETTER**

TO:	Registration Section Division of Corporations	•	·	
SUBJEC	Anthony D Gately LLC			
SOBJEC		Limited Liabil	ity Company	<del></del>
The encl	osed Articles of Organization and fee(s	s) are submitted	l for filing.	
Please re	turn all correspondence concerning thi	s matter to the	following:	
	Anthony Gately			
		Name of	Person	
	DBA Sunshine Window Cleaning			
		Firm/Co	ompany	
	402 N. Federal Hwy			
		Addı	ess	
	Lake Worth/Florida 33460			
	swcpalmbeach@yahoo.com	City/State an	nd Zip Code	
	E-mail address: (to be u	ised for future	annual report notificati	on)
For further	r information concerning this matter, pl	lease call:		
	Anthony Gately	508	265-7465	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifi	00 Filing Fee & led Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
Anthony D Gately LL	С			ہے
(Must end w	rith the words "Limited	d Liability Company	y, "L.L.C.," or "LLC.")	16 ·
ARTICLE II - Address: The mailing address and street add	dress of the principal o	office of the Limited	Liability Company is:	JAN 19
<u>Principa</u>	Office Address:		Mailing Address:	PAR PA
402 N. Federal Hwy			N. Federal Hwy	一号点 六
Lake Worth, Florida		Lak	e Worth, Florida	3
33460		334	60	<b>1</b>
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street an	cannot serve as its own ctive Florida registration ddress of the registere	n Registered Agent. on.)		ual or
	Anthony Gately		<u> </u>	
		Name		
	402 N. Federal Hwy	,		
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)	
	Lake Worth	Florida	33460	
	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..

(CONTINUED)

(Registered Agent's Signature (REQUIRED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Anthony Gately
	402 N. Federal Hwy
	Lake Worth, Florida 33460
	· · · · · · · · · · · · · · · · · · ·
<u> </u>	
	The second residence of the second se
EV: Effective date, if other than tective date is listed, the date mus	the date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90
ective date is listed, the date mus of filing.)	t be specific and cannot be more than five business days prior to or 90 so not meet the applicable statutory filing requirements, this date will not
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E V: Effective date, if other than tective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an	es not meet the applicable statutory filing requirements, this date will not trent of State's records.
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E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document is I am aware that a constitutes a third	es not meet the applicable statutory filing requirements, this date will not treent of State's records.  The member of an authorized representative of a member.  executed in accordance with section 605.0203 (1) (b), Florida Statutes. The provided for in s.817.155, F.S.

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