

L200000067517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

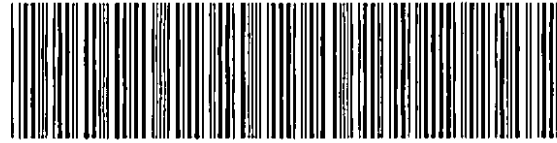
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700341571677

03/05/20--01002--003 **125.00

C RICO
MAR - 4 2020

2020 MAR - 4 PM 3:19

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
20 MAR - 4 PM 3:19

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Gulf Coast Building Solutions L.L.C.
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:

Gregory C FOLK
Name of Person

Gulf Coast Building Solutions L.L.C.
Firm/Company

370 VAWN Drive
Address

Wewahatcha FL 32465
City/State and Zip Code

ArrowPride
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Lewis at (850) 890 6640
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gulf Coast Building Solutions LLC
(Must contain 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:

Mailing Address:

370 Vann Drive
Wewahatcha FL 32465

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:

GREGORY C Fulk
Name
370 VANN Drive
Florida street address (P.O. Box NOT acceptable)
Wewahatcha FL 32465
City State Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

20 MAR - 4 PM 3:48

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..

[Signature]
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

Name and Address:

MGR

AMBR

Lewis Robert Glenn

10342 Hwy 91
Wewahatcha FL 32465

Tracey Alan Cole

6760 DAKSHORE DR APT 202
PANAMA CITY FL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Gregory C Folk

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

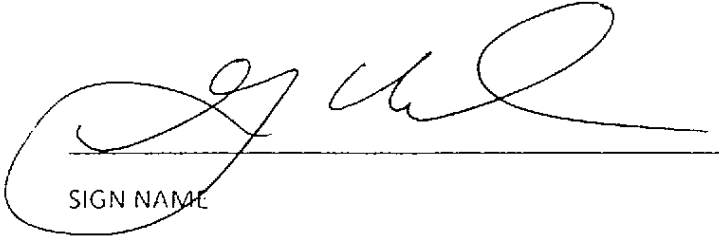
\$ 5.00 Certificate of Status (Optional)

L2000000 67517

will not Reinstate or revoke the dissolution.
GREGORY C FULK GOLF COAST Building Solutions LLC

Document number _____.

And will file a new filing with the same name.


SIGN NAME

MARCH 4 2020
DATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAR - 4 PM 3:48