Florida Department of State
Division of Corporations
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To:
          Division of Corporations
          Fax Number   : (850)617-6381

From:
          Account Name   : HUBCO
          Account Number : 104662003400
          Phone   : (516)935-3940
          Fax Number   : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

          JASONCOX99@LIVE.COM
          Email Address:_____

FLORIDA LIMITED LIABILITY CO.
GULF COAST IMPORTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

GULF COAST IMPORTS 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:	Mailing Address:
8603 NAVARRE PKWY	8603 NAVARRE PKWY
NAVARRE, FL 32566	NAVARRE, FL 32566

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:

JASON WILLIAM COX
Name

1878 BLUE TIP DR
Florida street address (P.O. Box **NOT** acceptable)

NAVARRE   FL   32566
City   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)
JASON WILLIAM COX

(CONTINUED)

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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	**Name and Address:**
	RICKY D GROVE
	10306 AUTUMN BLUFF CV
	CORDOVA, TN 38018
AMBR	JASON WILLIAM COX
	1878 BLUE TIP DR
	NAVARRE, FL 32566

(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.)

ARTICLE VI: Other provisions, if any.

_____

_____

_____

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.)

RICKY D GROVE
_____
Typed or printed name of signee

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