0515495

(F	Requestor's Name)
(<i>f</i>	Address)
,	,
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(8	Business Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:
· · · · · · · · · · · · · · · · · · ·	

Office Use Only





10/19/10-00 H-007 #*150.00

PM 1:52

COVER LETTER

SUBJECT: GUTTETT EarneSof LLC
Name of Limited Liability Company

TO:

New Filing Section Division of Corporations

Mailing Address
New Filing Section

P.O. Box 6327

Division of Corporations

Tallahassee, Fl. 32314

ganization and fee(s) are	submitted for filing.			
ence concerning this mat	ter to the following:			
arrett Ed	arnes+			
	Name of Person			
reft Ear	nest LLC			
	Firm/Company			
6 Conc	FORA Rd			
na FL	32333			
1111+.B.	ty/State and Zip Code EU1116706	mail.com		
nail address: (to be used f	for future annual report notificati	on)		
rning this matter, please	call:			
Gallett Eurnestar (850) 294 - 3500				
f Person Are	ea Code Daytime Telephone	e Number		
following amount:				
VS130.00 Filing Fee & Certificate of Status	☐S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ence concerning this mat Arreft Ear, IPFT EAR, ANTICHT B. mail address: (to be used forming this matter, please Thereon Are following amount: V\$130.00 Filing Fee &	Firm/Company 6 CONCORD Rd Address A F L 32333 City/State and Zip Code AIT(++ B · Earnes+7 @ G mail address: (to be used for future annual report notification of the second of the		

Street Address New Filing Section Division

2415 N. Monroe Street, Suite 810

The Centre of Tallahassee

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Gustett & alnest L.L.C.	
(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:	
3446 CONCOLY LA	Same	
harana [-6 3233]		

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:

ARTICLE I - Name:

Garrett Garnest

Name

3446 Concott St

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

Harana FL 32333

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 turther 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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	GUMETTEURNEST 3446 CON CORT IT HUVANA FI 32333	
		
(Use attachment if necessary)		
(If an effective date is listed, the date must be sp the date of filing.)	of filing: $12-09-202^2$. (OPTIONA ecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date of State's records.	to or 90 days after
REQUIRED SIGNATURE:		
CAU =	6, =	
This document is execu I am aware that any falsi	ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b). Florida Si e information submitted in a document to the Department of felony as provided for in s.817.155, F.S.	
<u> carre</u>		202
	Typed or printed name of signee	5 ل
\$ 30.00 Certified Copy (Optional)	Filing Fees: ganization and Designation of Registered Agent	· ·
S 5.00 Certificate of Status (Option	ral) T	ī.

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

ARTICLE IV-