124000531576

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Qualitative Facility Names)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500432937575

QT 15 03 4-013294-910 *+191.63



COVER LETTER

TO:	New Filing Sec Division of Co						
SUBJEC		Claims and Appra	aisals				
SOBJEC		Nan	ne of Limited Lia	bility Company	•		
The encl	osed Articles of	Organization and	fee(s) are submit	ted for filing.			
Please re	eturn all correspe	ondence concernin	g this matter to th	ne following:			
	Carl Kristen	sen					
			Name	of Person			
	Gulf Coast (Ilaims and Apprai	sal		53	2024	
			Firm/	Company		2024 DEC 27	=
	179 NE Mar	ion Street			 ناب		ress U
			Λ	idress	ŗ.	PH 12:	
	Madison, FI	ى, 32340			FLATE	2: 10	20-20
	and Coulfoon	st-claims.com	City/State	and Zip Code			
			be used for futu	re annual report notificat	ion)		
For furthe		oncerning this matt		,	,		
	Carl Kristens	sen	727 at (678-8384			
	Nan	ne of Person	Area Code	e Daytime Telephor	ne Number		
Enclosed	d is a check for t	the following amou	ant;				
□\$125.	00 Filing Fee	□\$130.00 Filir Certificate of S	status Cer	\$155.00 Filing Fee & tified Copy is enclosed)	☐\$160.00 Fil Certificate of Certified Cop (additional copy	Status & y	:
	New F Divisi P.O. 1	ng Address Filing Section on of Corporation: 30x 6327 nassee, FL 32314	s	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLET - Name:	
The name of the Limited Liability Company is:	
Gulf Coast Claims and Appraisals 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 i	s:

Principal Office Address:	Mailing Address:
179 NE Marion St	179 NE Marion St
Madison, FL, 32340	Madison, FL, 32340

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:

Carl Kristensen		
	Name	
179 NE Marion Str	eet	
Florida street addre	ess (P.O. Box <u>NOT</u> acc	eptable)
Madison	<u>Florida</u>	32340
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)



ARTICLE IV-

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

MGR	MGR Carl Kristensen 179 NE Marion St Madison FL, 32340 AMBR Rebekah Kristensen 179 NE Marion St Madison FL, 32340 CV: Effective date, if other than the date of filing: (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 df filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be incent's effective date on the Department of State's records. VI: Other provisions, if any. REOURED 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. Carl Kristensen	Title:	Name and Address:
AMBR Carl Kristensen 179 NE Marion St Madison FL, 32340 AMBR Rebekah Kristensen 179 NE Marion St Madison FL, 32340 Ev: Effective date, if other than the date of filing:	AMBR Rebekah Kristensen 179 NE Marion St. Madison FL, 32340 Rebekah Kristensen 179 NE Marion St. Madison FL, 32340 EV: Effective date, if other than the date of filing:	"AMBR" = Authorized Member	
AMBR Rebekah Kristensen 179 NE Marion St Madison FL 32340 Rebekah Kristensen 179 NE Marion St Madison FL 32340 E V: Effective date, if other than the date of filing:	Use attachment if necessary) E.V: Effective date, if other than the date of filing: Live date is listed, the date must be specific and cannot be more than five business days prior to or 90 df filing. Bethe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nent's effective date on the Department of State's records. EVI: Other provisions, if any. REOURED 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 fellows as provided for in s.817.155, F.S. Carl Kristensen Typed or printed name of signee	"MGR" = Manager	
Madison FL. 32340 Rebekah Kristensen 179 NE Marion St Madison FL. 32340 E. V.: Effective date, if other than the date of filing:	Madison FL, 32340 Rebekah Kristensen 179 NE Marion St Madison FL, 32340 EV: Effective date, if other than the date of filing:	MGR	
AMBR Rebekah Kristensen 179 NE Marion St Madison FL 32340 EV: Effective date, if other than the date of filing:	We attachment if necessary) E.V.: Effective date, if other than the date of filing:		179 NE Marion St
179 NE Marion St Madison FL. 32340	Use attachment if necessary) EV: Effective date, if other than the date of filing: Cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 d f filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nearly selfective date on the Department of State's records. EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (h), 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. Carl Kristensen Typed or printed name of signee		Madison FL. 32340
179 NE Marion St Madison FL. 32340	Use attachment if necessary) EV: Effective date, if other than the date of filing: Cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 d f filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nearly selfective date on the Department of State's records. EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (h), 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. Carl Kristensen Typed or printed name of signee		
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	Use attachment if necessary) E.V: Effective date, if other than the date of filing:	AMBR	Rebekah Kristensen
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	Use attachment if necessary) E.V: Effective date, if other than the date of filing:		179 NE Marion St
EV: Effective date, if other than the date of filing:	Use attachment if necessary) E.V: Effective date, if other than the date of filing:		Madison FL. 32340
EV: Effective date, if other than the date of filing:	Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:	Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:	Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:	Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:	Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:	Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing: citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records. EVI: Other provisions, if any. 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. Carl Kristensen Typed or printed name of signce	EV: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 d filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. EVI: Other provisions, if any. 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. Carl Kristensen Typed or printed name of signee Filing Fees:		
EV: Effective date, if other than the date of filing: citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records. EVI: Other provisions, if any. 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. Carl Kristensen Typed or printed name of signce	EV: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 d filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. EVI: Other provisions, if any. 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. Carl Kristensen Typed or printed name of signee Filing Fees:		
EV: Effective date, if other than the date of filing: citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records. EVI: Other provisions, if any. 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. Carl Kristensen Typed or printed name of signce	EV: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 d filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. EVI: Other provisions, if any. 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. Carl Kristensen Typed or printed name of signee Filing Fees:		
EV: Effective date, if other than the date of filing: citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records. EVI: Other provisions, if any. 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. Carl Kristensen Typed or printed name of signce	EV: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 d filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. EVI: Other provisions, if any. 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. Carl Kristensen Typed or printed name of signee Filing Fees:	(Use attachment if necessary)	
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. Carl Kristensen Typed or printed name of signee	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. Carl Kristensen Typed or printed name of signee Filing Fees:	ective date is listed, the date mus of filing.) the date inserted in this block doc	et be specific and cannot be more than five business days prior to or 90 dates not meet the applicable statutory filing requirements, this date will not be
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. Carl Kristensen Typed or printed name of signee	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. Carl Kristensen Typed or printed name of signce	ective date is listed, the date mus of filing.) the date inserted in this block do ment's effective date on the Depa	et be specific and cannot be more than five business days prior to or 90 dates not meet the applicable statutory filing requirements, this date will not be
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. Carl Kristensen Typed or printed name of signee	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. Carl Kristensen Typed or printed name of signce	ective date is listed, the date mus of filing.) (the date inserted in this block doc ment's effective date on the Depa E VI: Other provisions, if any.	et be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be artment of State's records.
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. Carl Kristensen Typed or printed name of signee	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. Carl Kristensen Typed or printed name of signce	ective date is listed, the date mus of filing.) (the date inserted in this block doc ment's effective date on the Depa E VI: Other provisions, if any.	et be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be artment of State's records.
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. Carl Kristensen Typed or printed name of signee Filing Fees:	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. Carl Kristensen Typed or printed name of signee Filing Fees:	ective date is listed, the date mus of filing.) (the date inserted in this block doc ment's effective date on the Depa E VI: Other provisions, if any.	et be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be artment of State's records.
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. Carl Kristensen Typed or printed name of signee Filing Fees:	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. Carl Kristensen Typed or printed name of signee Filing Fees:	ective date is listed, the date mus of filing.) (the date inserted in this block doc ment's effective date on the Depa E VI: Other provisions, if any.	et be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be artment of State's records.
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. Carl Kristensen Typed or printed name of signee Filing Fees:	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. Carl Kristensen Typed or printed name of signee Filing Fees:	ective date is listed, the date mus of filing.) (the date inserted in this block doc ment's effective date on the Depa E VI: Other provisions, if any.	et be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be artment of State's records.
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. Carl Kristensen Typed or printed name of signee Filing Fees:	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. Carl Kristensen Typed or printed name of signee Filing Fees:	ective date is listed, the date mus of filing.) The date inserted in this block doc ment's effective date on the Depa E VI: Other provisions, if any. REOUIRED SIGNATURE:	es not meet the applicable statutory filing requirements, this date will not be artment of State's records.
Carl Kristensen Typed or printed name of signee Filing Fees:	Carl Kristensen Typed or printed name of signee Filing Fees:	ective date is listed, the date mus of filing.) The date inserted in this block document's effective date on the Depa E VI: Other provisions, if any. REOURED SIGNATURE:	es not meet the applicable statutory filing requirements, this date will not be artment of State's records. of a member or an authorized representative of a member.
Carl Kristensen Typed or printed name of signee Filing Fees:	Typed or printed name of signee 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)	ective date is listed, the date mus of filing.) The date inserted in this block document's effective date on the Depa E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document is	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
Typed or printed name of signee Filing Fees:	Typed or printed name of signee 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)	ective date is listed, the date mus of filing.) The date inserted in this block document's effective date on the Depa E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document is I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State
Filing Fees:	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)	rective date is listed, the date mus of filing.) The date inserted in this block document's effective date on the Department's effective date on the Depart	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State
Filing Fees:	Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent Files \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	rective date is listed, the date mus of filing.) The date inserted in this block document's effective date on the Department's effective date on the Depart	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State
A ANGEL A PROP	\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	rective date is listed, the date mus of filing.) The date inserted in this block document's effective date on the Department's effective date on the Depart	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 25	\$ 30.00 Certified Copy (Optional)	rective date is listed, the date mus of filing.) The date inserted in this block document's effective date on the Department's effective date on the Depart	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State
\$ 30.00 Certified Copy (Optional)	\$ 5.00 Cortificate of Status (Ontional)	rective date is listed, the date mus of filing.) The date inserted in this block document's effective date on the Department's effective date on the Depart	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Typed or printed name of signce Filing Fees:
7- 7	S 2.00 Cermicate of Status (Optional)	rective date is listed, the date mus of filing.) The date inserted in this block document's effective date on the Depart E VI: Other provisions, if any. REOURED SIGNATURE: Signature This document is I am aware that a constitutes a third Carl Kriste \$125.00 Filing Fee for Articles	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Typed or printed name of signce Filing Fees: