

L99000002077

Frank La Roche

Requestor's Name

610 2118 Pumpkin Place

Address

Palm Bay, FL 32905

City/State/Zip

Phone #

700002818367--4

-03/25/99-01068-003

***293.75 ***293.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Palm City Dry Wall, L.L.C. 119-7655
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ R/A Des. retained
(Corporation Name) (Document #)

4. 00789-00624-00524-00671
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Name	Availability
Document	Examiner
Updater	Updater
Verifier	Verifier
Acknowledgement	
W. P. Verifier	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 13 AM 11:33



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 30, 1999

FRANK LA ROCHE
C/O 2118 PUMPKIN PLACE
PALM BAY, FL 32905

SUBJECT: PALM CITY DRYWALL, L.L.C.
Ref. Number: W99000007655

We have received your document for PALM CITY DRYWALL, L.L.C. and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The Registered Agent Designation form had an original signature, it is being retained in this office.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 399A00016075

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Palm City Drywall, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

P.O. Box 61035, Ft. Myers, FL 33906

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Gulf Coast Group

P.O. Box 60844, Ft. Myers, FL 33906-6844

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Gulf Coast Group has the right and may at its discretion add additional members at any time, under private agreement. In the event there are two or more members, said members will meet as a body and upon unanimous vote admit additional member as they see fit, under private agreement.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 13 AM 11:34

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The aforementioned member(s) as a matter of right and upon unanimous vote may determine whether it is in the best interest of the L.L.C. to continue its operation in the event one or more members are dissolved, expelled, and/or resign.

Any and all decisions and/or events that may affect the future of the L.L.C. will be determined only by the unanimous vote of the remaining members.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of _____

Palm City Drywall, L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 500.00;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 500.00.

X Lawrence Franklin, Trustee
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lawrence Franklin, Trustee

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

_____ Palm City Drywall, L.L.C. _____

2. The name and the Florida street address of the registered agent are:

Mr. Frank LaRoche

NAME

c/o

2118 Pumpkin Place

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

Palm Bay

FL

32905

CITY, STATE AND 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.

Without Prejudice
Frank LaRoche Registered Agent
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent