

# L99000006168

Troy Calvin Matthewson  
Requestor's Name

6587 W Ostwest  
Address 352-628-3780

Homosassa FL 34446  
City/State/Zip Phone #

Office Use Only

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

1. Gulfcoast Interiors, LLC  
(Corporation Name) (Document #)
2. Citrus Drywall + Installation, LLC  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #) 700002991097--6  
-09/20/99--01087--006  
\*\*\*\*285.00 \*\*\*\*285.00
4. \_\_\_\_\_  
(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	<b>MJH</b>
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	
W. P. Verifier	

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DIVISION OF CORPORATIONS  
99 SEP 29 PM 12:03

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 27, 1999

SUBCONTRACTORS, LLC  
6587 W. OSTWEST  
HOMOSASSA, FL 34446

SUBJECT: SUBCONTRACTORS, LLC  
Ref. Number: W99000022230

We have received your document for SUBCONTRACTORS, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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) 487-6094.

Agnes Lunt  
Document Specialist

Letter Number: 699A00047064

**Articles of Organization for  
Citrus Drywall & Insulation, LLC**

**ARTICLE - 1 Name:**

- 1.1 The name of this Limited Liability Company is **Citrus Drywall & Insulation, LLC**

**ARTICLE - 2 Address:**

- 2.1 The mailing address for the principal office of this limited liability company is:  
**6587 W. Ostwest  
Homosassa, Florida 34446**

- 2.2 The street address for the principal office of this limited liability company is:  
**6444 W. Homosassa Trail  
Homosassa, Florida 34448**

**ARTICLE - 3 Duration:**

- 3.1 The period of duration for this Limited Liability company shall be perpetual.

**ARTICLE - 4 Management:**

- 4.1 This Limited Liability Company is to be Managed by the members. Members names and addresses are as follows:

**Troy Calvin Matthewson  
6587 W. Ostwest  
Homosassa, Florida 34446  
(352)-628-3280**

**Kenneth W. Adams  
P.O. Box 2570  
Homosassa Springs, Florida 34447  
(352)-628-6248**

**Roger D. Adams  
6370 W. Tangerine Lane  
Crystal River, Florida 34429  
(352)-621-2888**

**ARTICLE - 5 Admission of Additional Members:**

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- 5.1 The right of the members to admit additional members and the terms and conditions of the admissions shall be with a unanimous decision of all the members.

**ARTICLE - 6 Members Rights to continue business:**

- 6.1 The Rights of the remaining members of this limited liability company to continue the business upon 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, the company shall continue to operate as is allowed under law. If that member is a manager holding a licence the company shall continue to operate as is allowed under law until another member holding such required licenser has been admitted to another licensee has been hired.

**ARTICLE - 7 Affidavit of Membership and Contributions:**

The undersigned member or authorized representative of Subcontractors LLC 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  | \$ <u>5,000.00</u>   |
| 3) | if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.); | \$ <u>N/A</u>        |
| 4) | the total amount of cash and property contributed and anticipated to be contributed by member(s) is licenser, services and                            | \$ <u>155,000.00</u> |

  
\_\_\_\_\_  
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.)

\_\_\_\_\_  
Troy Calvin Matthewson  
Typed or printed name of signee

# **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: Image Homes & Realty, LLC.
2. The name and the Florida Street address of the registered agent are:

Troy Calvin Matthewson

NAME

6444 W. Homosassa Trail

FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)

Homosassa, Florida 34448

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 a registered agent.*



SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

**Image Articles Page 3**