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DEPOS OF CORPORATIONS
TALLAHS SSEE, FLORIDA

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EXAMINER

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SECRETARE OF STATE

COVER LETTER

	tion Section of Corporations
SUBJECT. AS	Gary Holdings, LLC
SUBJECT:	(Name of Limited Liability Company)
The enclosed Artic	cles of Organization and fee(s) are submitted for filing.
	orrespondence concerning this matter to the following:
G	ary Sumner
	(Name of Person)
Ma	ang Law Firm, P.A. (Firm/Company)
	(Firm/Company)
60	0 East Jefferson Street
	(Address)
	-11-h planida 22201
<u></u>	allahassee, Florida 32301 (City/State and Zip Code)
For further inform	ation concerning this matter, please call:
Gāry	Sumner 2/850 222-7710
(Name of Person) at (850) 222-7710 (Area Code & Daytime Telephone Number)
Enclosed is a che	eck for the following amount:
_	
	Fee \$\int \$\text{\$\exititt{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION

OF

ASK GARY HOLDINGS, LLC

a Florida Limited Liability Company

ARTICLE I

The name of the Limited Liability Company is:

ASK GARY HOLDINGS, LLC

ARTICLE II

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

Mailing Address:

Street Address:

Ask Gary Holdings, LLC 4054 Sawyer Road Sarasota, FL 34233 Ask Gary Holdings, LLC 4054 Sawyer Road Sarasota, FL 34233

ARTICLE III

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

Douglas A. Mang, Esq. Mang Law Firm, P.A. 660 East Jefferson Street Tallahassee, Florida 32301

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 608, F.S.

Registered Agent's Signature

ARTICLE IV

The Limited Liability Company is to be manager-managed.

The name and address of the Manager is:

GARY KOMPOTHECRAS,

c/o Ask Gary Insurance Company, Inc. 4054 Sawyer Road Sarasota, FL 34233

GARY KOMPOTHECRAS,

Signature of a member or an authorized representative of a member.*

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

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SECRETARY OF STATE
TALL AHASSEF, FLORIO