

A09000000810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

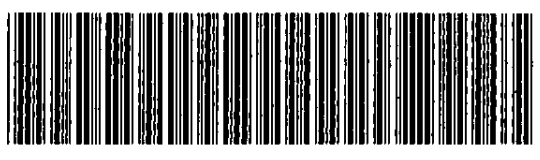
(Business Entity Name)

W09-46474  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
**A. LUNT**  
NOV 23 2009  
**EXAMINER**

Office Use Only



800161419988

10/16/09--01018--027, \*\*1061.2

2009 NOV 20 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2009

DREW CASHMERE  
615 BAYSHORE DRIVE TH101  
FT. LAUDERDALE, FL 33304

SUBJECT: GIGI HOLDINGS, LP  
Ref. Number: W09000046474

We have received your document for GIGI HOLDINGS, LP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 309A00033367

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GIGI Holdings, LP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Draw Cashmere  
Contact Person

Firm/Company

615 Bayshore Drive TH101  
Address

Fort Lauderdale, FL 33304  
City, State and Zip Code

drewcashmere@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence A. Saichak at ( 305 ) 577-3902  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E030 (01/06)

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. GIGI Holdings, LP

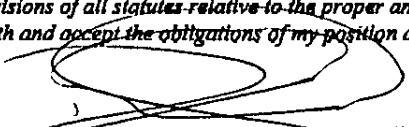
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 615 Bayshore Drive, TH101  
(Street address of initial designated office)  
Fort Lauderdale, FL 33304

3. Drew Cashmere  
(Name of Registered Agent for Service of Process)

4. 615 Bayshore Drive, TH101  
(Florida street address for Registered Agent)  
Fort Lauderdale, FL 33304

5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Signature of Registered Agent

6. 615 Bayshore Drive, TH101  
(Mailing address of initial designated office)  
Fort Lauderdale, FL 33304

7. If limited partnership elects to be a limited liability limited partnership, check box

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8. Name and business address of each general partner:

Name:

Business Address:

GIGI Ventures, Inc.

615 Bayshore Drive, TH101

Fort Lauderdale, FL 33304

604-80297

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

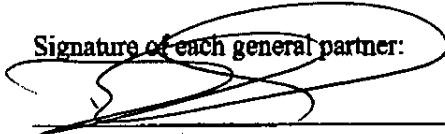
FILED

9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 14<sup>th</sup> day of October, 2009

Signature of each general partner:



DREW CASHMERE



KAREN CASHMERE

|  |  |
|--|--|
| <b>Filing Fees:</b>                      | <b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee) |
| <b>Certified Copy (optional):</b>        | <b>\$52.50</b>   |
| <b>Certificate of Status (optional):</b> | <b>\$8.75</b>  |