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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

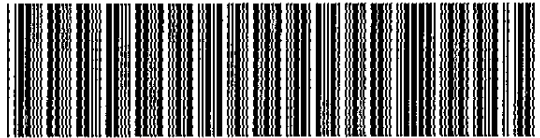
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
03 AUG 29 AM 9:35

Sp

Samuel Gifford
457 Sun Lake Cir. #303
Lake Mary, FL 32746

August 28, 2003

RE: Cover letter for Samuel Gifford.

Dear Sir or Madam,

Find enclosed my articles of organization
submitted for your approval.

I've enclosed a check for \$160.00 for
the relevant filing fees.

I can be contacted at:

Samuel Gifford

daytime phone: 407-321-8137

cell phone #: 321-947-2163

Thanks!

Samuel Gifford

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07 AUG 29 AM 9:36

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: sgifford2 & Associates, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samuel Gifford

(Name of Person)

sgifford2 & Associates, LLC

(Firm/Company)

457 Sun Lake Circle #303

Lake Mary, FL 32746

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel Gifford at 321 947-2163
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sgifford 2 & Associates, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

457 Sun Lake Circle #303

457 Sun Lake Circle #30

LAKE MARY, FL 32746

LAKE MARY, FL 32746

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Samuel Gifford

Name

457 SUN LAKE CIR. #303

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

LAKE MARY, FL 32746

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 as provided for in Chapter 608, F.S..

Samuel Gifford

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

SAMUEL J. GIFFORD
457 SUN LAKE CIR. #303
LAKE MARY, FL 32746

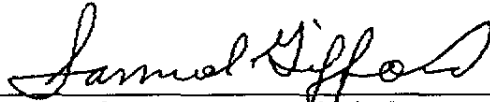
MGRM

TERESA A. GIFFORD
7204 SEMINOLE DRIVE
ORLANDO, FL 32812

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Samuel Gifford

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

enclosed check for \$160.00

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