

L03000041177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200023903082

10/27/03--01004--021 **125.00

BK

FILED
03 OCT 27 PM 1:17
RECEIVED
03 OCT 27 AM 11:34
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Gabi's Place, LLC

FILED
03 OCT 27 PM 1:17
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION
OF
GABI'S PLACE, LLC
(A Florida Limited Liability Company)

FILED
03 OCT 27 PM 1:17
TALLAHASSEE, FLORIDA

The undersigned adopts the following Articles of Organization for the purpose of becoming a Limited Liability Company under the Florida Limited Liability Company Act.

1. **Name.** The name of the limited liability company referred to in these Articles as "Company," is:

GABI'S PLACE, LLC

2. **Term.** The duration of this Company shall be perpetual, unless earlier dissolved as provided in the regulations.
3. **Purpose.** The business purposes of the Company are to engage in any other lawful act or activity which may be carried on by a limited liability company under the Laws of the State of Florida, or under the laws of any other State or jurisdiction in which the Company may conduct its business.
4. **Addresses.** The mailing address and the street address of the principal office of the Company shall be:

1224 Killarney Drive
Ormond Beach, FL 32174

5. **Registered Agent.** The name of the Company's initial registered agent in the State of Florida is Gabriella Brull, and the address of the Company's registered office in Florida is: 1224 Killarney Drive, Ormond Beach, Florida 32174.
6. **Management.** The Company is to be managed by its Members in accordance with the regulations adopted by its Members for the management of the business and affairs of the Company. The name and address of the initial Member is:

Gabriella Brull
1224 Killarney Drive
Ormond Beach, FL 32174

IN WITNESS WHEREOF, for the purpose of filing this Limited Liability Company in accordance with the Florida Limited Liability Act, the undersigned has executed these Articles of Organization on this 19 day of October, 2003.

Gabriella Brull

Gabriella Brull, Member

* * * * *

CERTIFICATE OF REGISTERD AGENT
AND REGISTERED OFFICE

In Accordance with Section 608.415 of the Florida Limited Liability Company Act, the undersigned, who is named as the Registered Agent of GABI'S PLACE, LLC, hereby consents to accept service of process for the Company at 1224 Killarney Drive, Ormond Beach, FL 32174, and accepts the appointment as registered agent and agrees to act in that capacity.

Date:

10/19/03

Gabriella Brull

Gabriella Brull