

L030000041750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

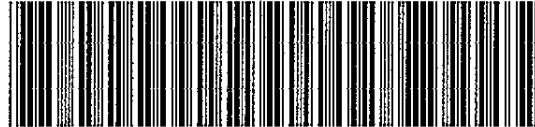
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300024015593

10/24/03--01059--011 **125.00

FILED
2003 OCT 24 PM 3:32
TALLAHASSEE, FLORIDA

J. BRYAN OCT 29 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALOHA GEMS 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:

NANCY MCGINLEY
(Name of Person)

(Firm/Company)

329 COUNTRY WALK ST.
(Address)

MELBOURNE FL 32940
(City/State and Zip Code)

For further information concerning this matter, please call:

NANCY MCGINLEY at (321) 255-3443
(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

FILED
2003 OCT 24 PM 3:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: ALOHA GEMS LLC

ARTICLE II - Address:

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

Principal Office Address:

329 COUNTRY WALK ST
MELBOURNE FL
32940

Mailing Address:

329 COUNTRY WALK ST
MELBOURNE, FL
32940

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

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


NANCY MCGINLEY
Name

329 COUNTRY WALK ST
Florida street address (P.O. Box **NOT** acceptable)

MELBOURNE FL 32940
City, State, and Zip

FILED
2009 OCT 24 PM 3:38
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

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

(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:

MGRM

NANCY MCGINLEY
329 COUNTRY WALK ST
MELBOURNE FL 32940

(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.)

NANCY MCGINLEY

Typed or printed name of signer

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)