

LO3000049936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status 1

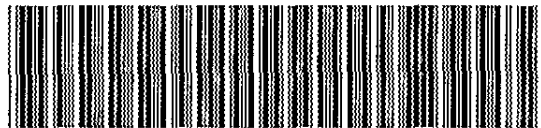
Special Instructions to Filing Officer:

11/25 FL LLC

CC+CUS

EFFECTIVE 11/30/03

Office Use Only



800024998558

11/25/03--01033--008 **160.00

MJM

FILED

03 NOV 25 AM 10:13

FILED
FILING OFFICE
TALLAHASSEE, FLORIDA

Cover Letter:

* Aaron C. Abel

4995 N. Oceanshore Blvd
Palm Coast FL. 32137

* Phone: 386-446-3878

Check enclosed for \$160.00
for filing fee, Designation of Registered Agent,
Certified ~~no~~ copy, and Certificate of Status.

Thank you

Aaron Abel

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gingerbread etc. 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:

Aaron C. Abel

(Name of Person)

Gingerbread etc.

(Firm/Company)

4995 N. Ocean Shore Blvd.

(Address)

Palm Coast, FL 32137

(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron C. Abel

(Name of Person)

at (386) 446-3878

(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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gingerbread Etc. LLC. (to be treated as "Sole Proprietor")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4995 N. Oceanshore Blvd.

4995 N. Oceanshore Blvd.

Palm Coast FL

Palm Coast FL

32137

32137

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

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

Aaron C. Abel
Name

4995 N. Oceanshore Blvd.
Florida street address (P.O. Box NOT acceptable)

Palm Coast FLORIDA 32137
City, State, and Zip

FILED
03 NOV 25 AM 10:13
CLERK OF DISTRICT COURT
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, Florida Statutes..


Registered Agent's Signature

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

Aaron C. Abel
4995 N. Ocean Shore Blvd.
Palm Coast FL, 32137

(Use attachment if necessary)

*** Please refer to Attachment**

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.)

Aaron C. Abel
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)

* Additional article attachment for effective date

Effective date requested: November 30, 2003
or any date before.

from : Gingerbread etc.
4995 N. Ocean Shore Blvd
Palm Coast FL. 32137

Thank you,

Daron Abel