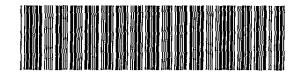
# L030005215/

(Re	equestor's Name)	
(Ad	ldress)	
hA1	idress)	
(/ tu	areas)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	· · · · · · · · · · · · · · · · · · ·	
(Ви	siness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	Certificates	of Status
•	-	
Special Instructions to l	Filing Officer:	}
		[
		ļ
		ļ
		-
		ţ

Office Use Only



300025183863

12/05/03--01024--012 \*\*155.00

FILED
2003 DEC - 5 AM 10: 56
2003 DEC - 5 AM 10: 56
AN 10: 56
2003 DEC - 5 AM 10: 56

Donna Tryon 1039 Aquamarine Dr. Gulf Breeze, FL 32563 850-932-1837

.December 4, 2003

Registration Section Division on Corporations 409 E. Gaines St. PO Box 6327 Tallahassee, FL 32314

To whom it may concern,

Enclosed you will find Articles of Organization for Gina Maddox LLC. I have enclosed a check for \$155 which covers the filing fee (\$100), designation of registered agent (\$25), a certified copy (\$30), and a Certificate of Status (\$5).

Thank you for your prompt attention to this matter.

Sincerely,

Donna Tryon

FILEU
2003 DEC -5 AH IO: 56
2003 DEC -5 AH IO: 56
2003 DEC -5 AH IO: 56

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	-	<del></del> .
SUBJECT: Gina Maddox LLC		_
(Name of Limited Liability Company)		. –
The enclosed Articles of Organization and fce(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Gina Maddox		- 144
(Name of Person)	<del></del>	
Gina Maddox LLC	ALL THE	
(Firm/Company)	PO F	A 1/2
2654 Bay St.	五字	7 6
(Address)	SKA	王
Gulf Breeze, FL 32563	140	
(City/State and Zip Code)		量
For further information concerning this matter, please call:	•	r u
Donna Tryon 850-932-1837 or Gina Maddox at ( 850 ) 934-9773	_	
(Name of Person) (Area Code & Daytime Telephone Number	<del>)</del>	* 7.3

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: Gina Maddox 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: 2654 Bay St. 2654 Bay St. Gulf Breeze, FL 32563 Gulf Breeze, FL 32563 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Gina Maddox Name 2654 Bay St. Florida street address (P.O. Box NOT acceptable) Gulf Breeze, FL 32563 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..

City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

"MGRM" = Managing Member	
MGR	Gina Maddox
· · · · · · · · · · · · · · · · · · ·	2654 Bay St. 10-3
	Gulf Breeze, FL 32563
	715 <b>6</b> -
	· <del></del>
	A section of the sect
	The second secon
<del></del>	
	go kinga
(Use attachment if necessary)	

elle l'adeles

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.)

vned 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)