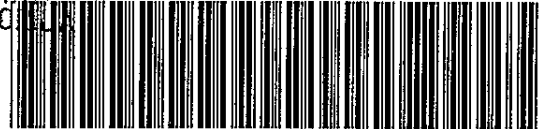


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2004 AUG 19 P 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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TO: Registration Section
Division of Corporations

2004 AUG 19 P 3:56

SUBJECT: GECKOS LLC

(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

TY H BUCHANAN

(Name of Person)

T.H. BUCHANAN ACCOUNTING

(Firm/Company)

402A 160TH ST S

(Address)

SPANAWAY, WA 98387

(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY ESPINOZA

(Name of Person)

at (509)

833-0863

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GECKOS LLC**ARTICLE II - Address:**

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

Principal Office Address:

Café Grand
6238 Grand Blvd
New Port Richey, FL 34652

Mailing Address:

Café Grand
6238 Grand Blvd
New Port Richey, FL 34657

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

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

LARRY ESPINOZA

Name

6238 Grand BlvdFlorida street address (P.O. Box NOT acceptable)New Port Richey FLORIDA 34652

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, Florida Statutes..


Registered Agent's Signature

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2004 AUG 19 P

SECRETARY OF STATE
TALLAHASSEE, FL**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:MGRMLARRY ESPINOZA701 S RUSHMORE RDSELAH, WA 98942MGRMTIFFANI ESPINOZA701 S RUSHMORE RDSELAH, WA 98942MGRMMELODY POLLARD110 Sage Trail Rd #11Yakima WA 98901MGRMKATIE HUMULA110 Sage Trail Rd #11Yakima WA 98901

(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.)

LARRY ESPINOZA

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)