

204000082094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

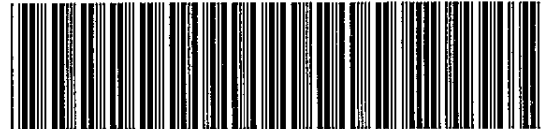
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

BK

Office Use Only



000042626060

11/15/04--01001--026 **155.00

FILED

RECEIVED

04 NOV 12 PM 5:09

04 NOV 12 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPUTY SECRETARY OF STATE
TALLAHASSEE, FLORIDA



UCC FILING & SEARCH SERVICES, INC.
526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

November 12, 2004

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

The Garden House & Gifts, L.L.C.

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

FILED
04 NOV 12 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

ARTICLES OF ORGANIZATION
OF
THE GARDEN HOUSE & GIFTS, L.L.C.

FILED
04 NOV 12 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the limited liability company is *The Garden House & Gifts, L.L.C.*

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 200 S. Orange Avenue, New Smyrna Beach, FL 32168.

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

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

STEPHEN H. COOVER
230 NORTH PARK AVENUE
SANFORD, FLORIDA 32771

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 property and complete performance of my duties, and I am familiar with, and accepts the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature

ARTICLE IV - MEMBER(S):

The name and address of each Member is as follows:

Title:

Member


Name and Address:

Shannon Corsi
5675 Deer Path Lane
Sanford, FL 32771

Member

Donald E. Corsi
5675 Deer Path Lane
Sanford, FL 32771

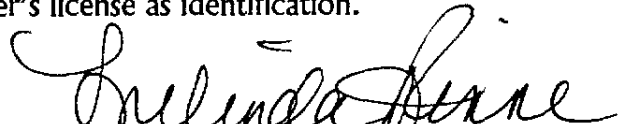
IN WITNESS WHEREOF, the undersigned, as a member, has executed the foregoing Articles of Organization on the 17th day of November, 2004.


Shannon Corsi

(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.)

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this 17th day of November, 2004, by Shannon Corsi, who is ☒ personally known to me OR ☐ not personally known to me and has produced a valid driver's license as identification.


Notary Public - State of Florida



Melinda J. Rinne
MY COMMISSION # DD215840 EXPIRES
June 19, 2007
BONDED THRU TROY FAIR INSURANCE, INC.

My Commission Expires: