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From:

Account Name : COX & NICI Account Number: I20000000223 Phone : (239)254-0706 Fax Number : (239)254-0709

FLORIDA/FOREIGN LIMITED LIABILITY CO.

GIGI-KM, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	5160.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION OF GIGI-KM, LLC

ARTICLE I NAME

The name of this Limited Liability Company is GIGI-KM, LLC (the "Company").

**ARTICLE II** DURATION

The period of duration for the Company is perpetual.

ARTICLE III **ADDRESS** 

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

3290 Hamlet Drive, #2

3290 Hamlet Drive, #2
Naples, Florida 34105

ARTICLE IV
REGISTERED OFFICE AND AGENT

The initial registered office of this Company shall be c/o Cox & Nici, 1185 Immediate of the company shall be company shall b Road, Suite 110, Naples, Florida 34110, and its initial registered agent at such office shatto James R. Nici, Esq.

## ARTICLE V MANAGEMENT

The Company is to be a Manager-Managed company and the name and address of the elected Managers who shall serve as Managers until the first annual meeting or until their successors are chosen are:

> Gail C. Cox 3290 Hamlet Drive, #2 Naples, Florida 34105

Dated this 10th day of February , 2006.

Nici, as Authorized Representative

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

- 1. The name of the Company is GIGI-KM, LLC
- 2. The name and address of the registered agent and office is:

James R. Nici, Esq. c/o Cox & Nici 1185 Immokalee Road, Suite 110 Naples, Florida 34110

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.

Dated: February 10th 2006

James R. Nici, Esq. Initial Registered Agent

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