

LD6000055223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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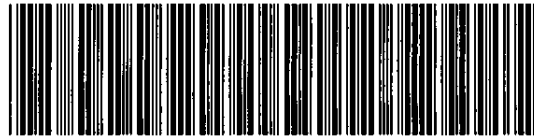
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/06--01007--011 **160.00

EFFECTIVE DATE

5/30/06

FILED

06 MAY 26 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 30 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GHERLS CLUB
(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:

Susan Mabrey
(Name of Person)

GHERLS CLUB
(Firm/Company)

224 6th AVE. N.E.
(Address)

ST. PETERSBURG, FLA. 33701
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Mabrey at (727) 822-8904
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE
5/30/06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GHERLS CLUB L.L.C.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

GHERLS CLUB L.L.C.
224 6th AVE. N.E.
ST. PETE, FL 33701

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Susan Mabrey
Name

224 6th AVE N.E.
Florida street address (P.O. Box **NOT** acceptable)

ST. PETER, FL 33701
City, State, and Zip

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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, F.S.

Susan Mabrey
Registered Agent's Signature (REQUIRED)

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:

MGR

HAZEL JONES
12200 1ST ST. WEST #503
TREASURE ISLAND, FL 33706

MGRM

GEORGINA SAVITSKY
2217 PASADENA PL
GULFPORT, FL 33707

MGRM

PAUL McMBLLAN
16123 6th ST. E.
REDINGTON BCH, FL 33708

MGRM

LENA MARTIN
17400 GULF BLVD
N. REDINGTON BCH, FL 33708

(Use attachment if necessary)

(OVER)

ARTICLE V: Effective date, if other than the date of filing: 5-30-2006 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Susan Mabrey
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.)

Susan Mabrey
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

MGRM. ELAINE BOBBIN
15718 GOLF BLVD
REDINGTON BCH. FL 33708

MGR SUSAN MABREY
224 6th AVE N.E.
ST. PETE, FL 33701

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TALLAHASSEE, FLORIDA