

L06000 112019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

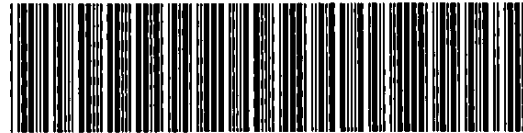
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900081367169

11/20/06--01020--024 **125.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
06 NOV 20 PM 2:12
2006 NOV 20 AM 11:33
SECRETARY OF STATE
TO ACCREDITED
FALLAHASSEE, FLORIDA
SUFFICIENCY OF FILING

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

G.I.V., LLC

06 NOV 20 PM 2:12
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

WLC 11/20 11:00

ARTICLES OF ORGANIZATION

OF

G.I.V., LLC

FILED
06 NOV 20 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

These Articles of Organization of **G.I.V., LLC** are being duly executed and filed to form a limited liability company pursuant to the Florida Limited Liability Company Act (the “Act”).

ARTICLE I

Name

The name of the limited liability company (the “**Company**”) formed hereby is:

G.I.V., LLC

ARTICLE II

Address of Principal Office

The street address of the Company’s principal office is:

**641 Bayshore Drive
Tarpon Springs, Florida 34689**

The mailing address of the Company’s principal office is:

**641 Bayshore Drive
Tarpon Springs, Florida 34689**

ARTICLE III

Address of Registered Office

The address of the initial registered office of the Company is 29 N. Pinellas Avenue, Tarpon Springs, Florida 34689 and the name of its initial registered agent at such address is Michael E. Dris, Esq.

IN WITNESS WHEREOF, the undersigned Member or authorized representative of a Member has executed these Articles of Organization on November 17, 2006.



Michael E. Dris, Esq.

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and to accept service of process for the above-stated Company, at the place designated in these Articles of Organization. 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.

DATED: November 17, 2006



Michael E. Dris, Esq.