

LD7000001248

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

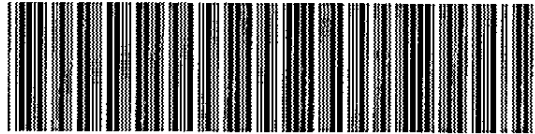
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RECEIVED
07 JAN -4 AM 10:56
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 JAN -4 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 697424 6099A

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
07 JAN -4 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 4, 2007

ORDER TIME : 9:51 AM

ORDER NO. : 697424-005

CUSTOMER NO: 6099A

DOMESTIC FILING

NAME: GIFTED, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
GIFTED, LLC**

The undersigned hereby forms and establishes a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company is Gifted, LLC ("Company").

ARTICLE II

This limited liability company shall have the perpetual existence from the date of filing these Articles with the Department of State unless sooner terminated by law.

ARTICLE III

The mailing address and street address of the principal place of business of the Company is 2527 Muir Circle, Wellington, Florida 33414. The Company may at its discretion, at any time, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this Company is Daniel Doorakian, Esq., 625 North Flagler Drive, 9th Floor, West Palm Beach, FL 33401.

ARTICLE V

The name and address of the initial managing member is: Visse Wedell, whose address is 2527 Muir Circle, Wellington, FL 33414.

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have hereunto subscribed my name this 3 day of January, 2007.

AUTHORIZED REPRESENTATIVE OF
MEMBER

Daniel Doorakian
Authorized Agent

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 3 day of January, 2007, by DANIEL DOORAKIAN, the authorized agent, who is personally known to me, OR has produced _____ as identification.

Cori Marshall
Notary Name: Cori Marshall
Notary Public
Serial (Commission) Number
(If any) _____

(NOTARY STATEMENT)



I am familiar with and hereby acknowledge and accept the obligations of the Registered Agent for Gifted, LLC.

Daniel Doorakian
Daniel Doorakian
Registered Agent