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07 FEB 22 AN II: 34 SECRETARY OF STATE TALL AHASSEE FLORIDA

COVER LETTER

Division of Corporations
SUBJECT: GARY S. GIII S LLC (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:
GARYS, GILLS
GARYS, GI/ITS (Name of Person) GARYS, GIIITS LLC (Firm/Company) 5428 VANDENIPERD. (Address)
(Firm/Company)
5428 VANDERIPERD.
(Address)
SARASOTA FI- 3424 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call: Cartificate of Status Cartified Copy Car
GARY (. Gillis at (941) 232-887 = :
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\begin{array}{c}\$ \$130.00 Filing Fee & \begin{array}{c}\$ \$155.00 Filing Fee & \begin{array}{c}\$ \$160.00 Filing Fee, \\ Certificate of Status & \\ Certified Copy & \text{(additional copy is enclosed)} \end{array}\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
CARY S. G. 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:
SHL8 VANDERIPERD. SHL8 VANDURIPERD. SARASOTA FIR. 3424) SARASOTA FIR. 3424)
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:
CARL C GILL C SSE 22
Name
5428 VANDERIPE RA-
Florida street address (P.O. Box NOT acceptable)
SARASOTA FL 34241
City, State, and Zip
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
5. S. Siller
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:

"MGRM" = Managing Member MGRM" = Managing Member (Use attachment if necessary)	GARYS. GILLIS 5428 VANDERIPE SARASOTA FI. 3424		
	SALSOTA FI. 342.41		
			
ICLE V: Effective date, if other than the defective date is listed, the date must be 90 days after the date of filing.)	late of filing: $\frac{2-19-200}{6}$ specific and cannot be more than five bu	OPTIONAL) siness days p	rior
<u>REOUIRED</u> SIGNATURE:		97 F SECI	
<u>J.</u> S	l. Billis	EB 22 RETARY AHASSE	O
(In accordance with sect	or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.	AH II: 34 OF STATE E FLORID	J
GARY	ed or printed name of signee		
Filing Fees:			

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)