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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gil Financing, 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:

Guarionex E. Gil

(Name of Person)

Gil Financing, LLC

(Firm/Company)

12305 62nd Street, N., Suite C

(Address)

Largo, Florida 33773

(City/State and Zip Code)

For further information concerning this matter, please call:

Guarionex E. Gil

(Name of Person)

at ( 727 ) 535-5690

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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

ARTICLES OF ORGANIZATION:

**GIL FINANCING, LLC**

**ARTICLE I**

The name of the Limited Liability Company is:

GIL FINANCING, LLC

**ARTICLE II**

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

12305 62<sup>nd</sup> STREET N., SUITE C, LARGO, FL. 33773

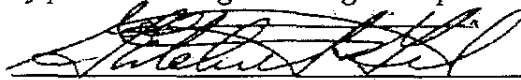
**ARTICLE III**

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

GUARIONEX E. GIL

12305 62<sup>nd</sup> STREET N., SUITE C, LARGO, FL. 33773

*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.*



Registered Agent

**ARTICLE IV**

The name and address of each Manager or Managing Member is as follows:

Guarionex E. Gil  
12305 62<sup>ND</sup> Street N.  
Suite C, Largo, FL. 33773

MANAGING MEMBER

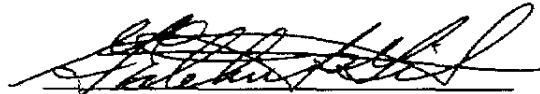
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**ARTICLE V**

Effective date, if other than the date of filing: \_\_\_\_\_

*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.)*



**Guarionex E. Gil**  
**Managing Member**

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