# L08000063898

(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:
oposiai monaciono la rimig amban
1
1

Office Use Only



100131641641

06/30/08--01009--004 \*\*155.00

2010 JUN 30 PH 1:55
SECRETARY OF STATE
SECRETARY SECRETARION

T. CLINE
JUL -1 2008
EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: GI Publications, 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:			
W. Eugene Ingle (Name of Person)			
(Name of Person)			
W. Eugene Ingle (Name of Person)  GI Publications, LLC (Firm/Company)			
(Firm/Company)			
14821 Feather Cove Lu (Address)			
(Address)			
Clearwater, FL 33762 City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
W. Eugene (Gene) Ingle at (727) 643-1345 or 1727-572-094 (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee & Signature Signa			

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	·
The name of the Limited Liability Company is:	•
GI Publications	
(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 prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14821 Feather Cove Ly Clearwater, FL 33762	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	
	ess (P.O. Box NOT acceptable)
Clearwater City, State, an	-FL 33762 d Zip
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

(CONTINUED) Page 1 of 2

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	W. Eugene Ingle 14821 Feather Core Ln Clearwater, FL 33762
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date	of filing: June 26, 2008 (OPTIONAL)
to or 90 days after the date of filing.)	cific and cannot be more than five business days prior
REQUIRED SIGNATURE:	$\cap$

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.)

W, Eugene Ingle
Typed or printed name obsignee

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)