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M. THOMAS

JUL - 3 2008

**EXAMINER** 

## **COVER LETTER**

The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  (Name of Person)  (Name of Person)  (Address)  For further information concerning this matter, please call:  (Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (S125.00 Filing Fee Status Status Status Certificate of Status & Certified Copy (additional copy is enclosed)	SUBJECT: (Name of Limited Liability Company)
(Name of Person)  (Pirm Company)  (Address)  For further information concerning this matter, please call:  (Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (S125.00 Filing Fee S130.00 Filing Fee & Certified Copy (additional copy is enclosed)  (Certificate of Status & Certified Copy (additional copy is enclosed)	The enclosed Articles of Organization and fee(s) are submitted for filing.
For further information concerning this matter, please call:    City State and Zip Code   Code	Please return all correspondence concerning this matter to the following:
For further information concerning this matter, please call:    City State and Zip Code   Code	GREGORY T SAFKO
For further information concerning this matter, please call:    City State and Zip Code	$\alpha \circ \alpha \circ \alpha \circ \alpha$
For further information concerning this matter, please call:    Crystate and Zip Code	りん スペン つけんの3を 額 ひり
For further information concerning this matter, please call:    Crystate and Zip Code	TAMPA, FI 33688-0938 9
Enclosed is a check for the following amount:  \$\Begin{array}{c} \text{SPECC} \text{TCC} \text{AFKC} \text{AFKC} \text{at (\sqrt{S})} \text{7.8 - E(\sqrt{S})} \text{3.9 \text{TCE-Ethylone Number)}} \text{Enclosed is a check for the following amount:} \Big  \text{\$125.00 Filing Fee} \text{\$\text{S} \text{\$155.00 Filing Fee} \text{\$\text{\$\text{Certificate of Status} \text{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \text{\$\text{Certified Copy} \text{\$\text{Certified Copy} \text{\$\text{Certified Copy} \text{\$\text{Certified Copy}} \text{\$\text{Certified Copy} \text{\$\text{Certified Copy}} \text{\$\text{Certified Copy} \text{\$\text{Certified Copy} \text{\$\text{Certified Copy} \text{\$\text{Certified Copy}} \text{\$\text{Certified Copy} \$\text{	(City/State and Zip Code)
Enclosed is a check for the following amount:  \$\Bigsup \mathbb{\text{\$125.00 Filing Fee}} \Bigsup \mathbb{\text{\$130.00 Filing Fee}} \Bigsup \Bigsup \mathbb{\text{\$155.00 Filing Fee}} \Bigsup \Bigsup \mathbb{\text{\$160.00 Filing Fee}}, \text{Certificate of Status & Certified Copy} \text{(additional copy is enclosed)}	For further information concerning this matter, please call:
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	GREGOCY TO AFICO at (713) 178-81/39 (Name of Person) (Area Code & Daytime Telephone Number)
	\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certified Copy

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2007

GREGORY T SAFRO PO BOX 270938 TAMPA, FL 33688-0938

SUBJECT: G & S PROMOTIONS, LLC

Ref. Number: W07000028489

We have received your document for G & S PROMOTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 14, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 707A00040210

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
(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:		
5227 Creekmore LN PO Box 270938 TAMPA, FL 33624-4026 TAMPA, FL 33688-0938		
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:  Name  Name  Name		
Florida street address (P.O. Box NOT acceptable)		
Charuate FL \$3763  City, State, and Zip		
laving 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's Signature (REQUIRED)		

(CONTINUED) Page 1 of 2

## **ARTICLE IV- Manager(s) or Managing Member(s):**

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	<b>A</b> 1
<u>mGR</u>	Gregory T SAFKO
	14558 RRUCO B DOWNS Blug 4ZM
	TAMPA, F1 33613
MGR	John A Gadd
	5227 Creexmore IN 8
	TAMPA FI 33624 FOR F
	PH IZ: 14

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:** 

Signature of a member of 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.)

/ DAFKO
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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