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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

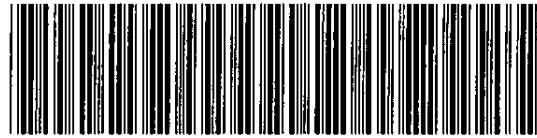
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
NOV 24 PM 4:07
SOUTHERN DISTRICT OF ALABAMA

S. HAWKES

NOV 25 2008

EXAMINER



LAW OFFICES OF
CHARLES D. WALLER
PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

November 20, 2008

CHARLES D. WALLER
CERTIFIED FAMILY, CIRCUIT & COUNTY MEDIATOR
JARROD M. SCHARBER

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Gator-Done-Gators, LLC.

Dear Sir/Madam:

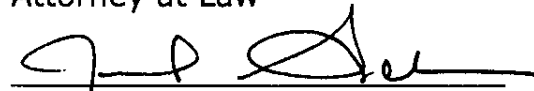
Enclosed for filing please find the original Articles of Organization for the above referenced Limited Liability Company, together with our check in the amount of \$130.00, for filing fees and a Certificate of Status.

After filing the above referenced, please return the Certificate to our office.

Thank you for your attention this matter. If you have any further questions, please feel free to contact my office.

Very truly yours,

The Law Office of
CHARLES D. WALLER, P.A.
Attorney at Law


Jarrod M. Scharber, Esquire

JMS/hdw
Enclosure

ARTICLES OF ORGANIZATION

GATOR-DONE-GATORS, LLC.

A Limited Liability Company

(Pursuant to Chapter 608, Florida Statutes)

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08 NOV 24 PM 4:07
SECRETARY OF STATE
TREASURY

1. **Name.** The name of the limited liability company is GATOR-DONE-GATORS, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principle office of the limited liability company is:

4251 Allen Road, Zephyrhills, Florida 33541

4. **Mailing Address.** The mailing address and street address of the limited liability company are:

PO Box 756, Zephyrhills, Florida 33539

5. **Members at Time of Foundation.** There will be one member at the time the limited liability company is formed. Members at the time of formation will include:

MARK MONIZ- Managing Member
PO Box 756
Zephyrhills, Florida 33539

6. **Period of Duration.** The period of duration shall be perpetual.


7. **Management.** Management of the limited liability company at the time of formation is reserved for the initial members.

8. **Registered Agent, Registered Office, and Registered Agents Signature.**
The name and the Florida street address of the registered agent are:

JARROD M. SCHARBER
38038 Meridian Avenue
Dade City, Florida 33525


FILED
08 NOV 24 PM 4:00
TALLAHASSEE, FL
STATE OF FLORIDA

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 provisional of 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, Florida Statutes.


JARROD M. SCHARBER

9. **Effective Date.** The effective date of the limited liability company shall be

Nov, 17, 2008.


MARK MONIZ

(In accordance with section 604.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)