## L090000 50063

| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
|   |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Edollioso Litaty Hallie)               |  |  |  |  |
| (Samura A.N. and Lan)                   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only

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M. THOMAS

MAY 22 2009

EXABINER

## **COVER LETTER**

| TO:                       | Registration Section Division of Corporations  |   |   |  |  |  |
|---------------------------|--|---|---|--|--|--|
| OT ITS                    | FCT. GFH Design  |   |   |  |  |  |
| SUBJ                      |  | nited Liability Compa                           | ıny)  |  |  |  |
| The e                     | nclosed Articles of Organization and fee(s) a  | re submitted for filing                         | r.  |  |  |  |
|                           | e return all correspondence concerning this m  |   |   |  |  |  |
|                           |  |   |   |  |  |  |
|                           | Garrett Fay-Hamilton   | (Name of Person)                                |   |  |  |  |
|                           | GFH Design   | ,   |   |  |  |  |
|                           |  | (Firm/Company)                                  |   |  |  |  |
|                           | 4351 Bellaria Way, Unit 432  |   |   |  |  |  |
|                           | (Address)  |   |   |  |  |  |
| Fort Myers, Florida 33916 |  |   |   |  |  |  |
| (City/State and Zip Code) |  |   |   |  |  |  |
| For fu                    | orther information concerning this matter, ple   | ase call:                                       |   |  |  |  |
| Gar                       | rett Fay-Hamilton  | at ( 239  | 682-448   | 5  |  |  |
|                           | (Name of Person)   |   | e & Daytime Tele  | phone Number)  |  |  |
| Enclo                     | sed is a check for the following amount:   |   |   |  |  |  |
| <b>□</b> \$125            | 5.00 Filing Fee \$\times 130.00 Filing Fee \$\times\$  Certificate of Status                     | \$155,00 Filing Certified Copy (additional copy | ру  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
|                           | Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 | Registrations Division of Clifton Bi            | ourier Address<br>on Section<br>of Corporations<br>uilding<br>outive Center C<br>ee, FL 32301 |  |  |  |



April 28, 2009

**GARRETT FAY-HAMILTON** 4351 BELLARIA WAY, UNIT 432 FORT MYERS, FL 33916

SUBJECT: GFH DESIGN LLC
Ref. Number: W09000019942

We have received your document for GFH DESIGN LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Letter Number: 909A00014309

Marsha Thomas Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:                                     |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| The name of the Limited Liability Company             | y is:   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| GFH Design LLC.                                       |   |  |  |  |  |  |
| (Must end with the words "Limited                     | Liability Company, "L.L.C.," or "LLC.")                       |  |  |  |  |  |
| ARTICLE II - Address:                                 |   |  |  |  |  |  |
|   | ne principal office of the Limited Liability_Company is:      |  |  |  |  |  |
| 2   |   |  |  |  |  |  |
| Principal Office Address:                             | Mailing Address:  |  |  |  |  |  |
| 4351 Bellaria Way, Unit 432                           | 4351 Bollorio Way, Hatt 422                                   |  |  |  |  |  |
| Fort Myers, Florida 33916                             | 4351 Bellaria Way, Unit 432  Fort Myers, Florida 33916        |  |  |  |  |  |
|   | ***************************************                       |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   | ered Office, & Registered Agent's Signature: 🤃 💮              |  |  |  |  |  |
| business entity with an active Florida registration.) | Registered Agent. You must designate an individual or another |  |  |  |  |  |
| The name and the Floride street address of            | the mediate and except one.                                   |  |  |  |  |  |
| The name and the Florida street address of t          | the registered agent are:                                     |  |  |  |  |  |
| Garrett Fay-Hamilton                                  |   |  |  |  |  |  |
| Nanc  |   |  |  |  |  |  |
|   | Maria Way, Unit 432   |  |  |  |  |  |
| Florida stree   | et address (P.O. Box NOT acceptable)                          |  |  |  |  |  |
| FOIT MYTTS FL 33916                                   |   |  |  |  |  |  |
| 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..

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: Title: "MGR" = Manager

"MGRM" = Managing Member

MGR

Garrett Fay-Hamilton

4351 Bellaria Way, Unit 432

Fort Myers, Florida 33916

(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 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.)

**Garrett Fay-Hamilton** 

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)

\$ 5.00 Certificate of Status (Optional)