

# L09000076962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

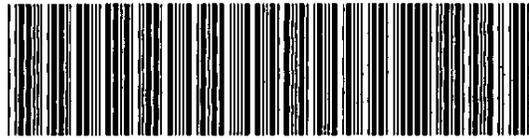
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/10/09--01012--018 \*\*130.00

**FILED**  
2009 AUG 10 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
AUG 11 2009  
**EXAMINER**

# Gal Friday LLC

Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

8-7-09

Dear Sir or Madam,

Please process the enclosed application to register my company as a Limited Liability Corporation in the State of Florida.

If you have any questions please do not hesitate to call.

Respectfully,



Chris Spooner  
Owner

Chris Spooner 1505 Allegheny Drive Sun City Center, FL 33573 cell 813-363-3031

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GAL FRIDAY 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:

CHRIS SPOONER  
Name of Person

GAL FRIDAY LLC  
Firm/Company

1505 ALLEGHENY DRIVE  
Address

SUN CITY CENTER, FL 33573  
City/State and Zip Code

NDYRCR@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS SPOONER at (813) 363-3031  
Name of Person 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 FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GAL FRIDAY LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1505 ALLEGHENY DR  
SUN CITY CENTER  
FL 33573

SAME

**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:

CHRIS SPOONER

Name

1505 ALLEGHENY DRIVE

Florida street address (P.O. Box **NOT** acceptable)

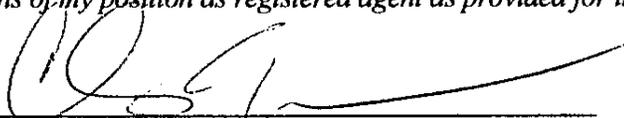
SUN CITY CENTER FL 33573

City, State, and Zip

2009 AUG 10 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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)

FILED

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

The name and address of each Manager or Managing Member is as follows: 2009 AUG 10 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

CHRIS SPOONER  
1505 ALLEGHENY DR  
SUN CITY CTR, FL 33573

\_\_\_\_\_

\_\_\_\_\_

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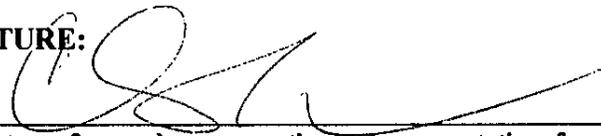
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9-1-09 (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.)

CHRIS SPOONER

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)