

L09000076962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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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,

A handwritten signature in black ink, appearing to read 'Chris Spooner', with a long horizontal flourish extending to the right.

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:

1505 ALLEGHENY DR
SUN CITY CENTER
FL 33573

Mailing Address:

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

CHRIS SPOONER

1505 ALLEGHENY DR

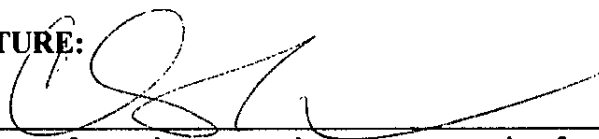
SUN CITY CTR, FL 33573

(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)