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08/23/10--01017--025 \*\*125.00



D. BRUCE

AUG 24 2010

**EXAMINER** 

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations				
SUBJECT:	Giglas Name of Limite	nd Producti ad Liability Company	on S	
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Daniel Brown Name of Person				
Gigland Productions Firm/Company				
3004 Parkway Blud # 301 Address				
Kissimmer FL 34747 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Daniel Name	Srown of Person or the following amount:	at (407) 507 Area Code & Daytime Tele	phone Number FLORIA	
•	□\$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

EFFECTIVE DATE 8/19/10

The name of the Limited Liability Company is:

Gigland Productions, L.L.C.  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:		
3004 Parkway Blvd #301 Kissimmer FL 34747	3004 Parkway Blvd#301 Kissimmer, PU34747		
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  Apt.  300 + Darkwam Blvd #30  Florida street address (P.O. Box NOT acceptable)  KISSIMMU FL 34747  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 appointmental registered agent and agree to act in this capacity. I further agree to comply with the proper site 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 Manager Manager Manager Manager Manager Megan Brown 3004 Parkway #301 Kissim mee El3474

ARTICLE V: Effective date, if other than the date of filing: 81910 (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:**

(Use attachment if necessary)

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.)

that the facts stated herein are due.)

Typed or printed name of sign

# 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)