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EXAMINER



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09/02/10--01026--008 **125.00

FILED
10 SEP -2 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BERNTSSON, ITTERSAGEN, GUNDERSON,
WAKSLER & WIDEIKIS, LLP
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Reply To: Port Charlotte

September 1, 2010

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

Attn: Corporate Filings

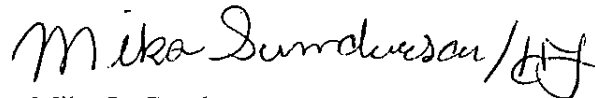
Re: Giggle Bite Shows, LLC

Dear Sir/Madam:

Enclosed you will find the original and one (1) copy of the cover letter and Articles of Organization along with our Firm's check in the amount of \$125.00 representing your Filing Fee.

If you should need anything further, please do not hesitate to contact us.

Very truly yours,



Miko P. Gunderson

MPG/hrt
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GIGGLE BITE SHOWS, 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:

MIKO P. GUNDERSON

Name of Person

BERTNSSON, ITTERSAGEN, GUNDERSON, WAKSLER & WIDEIKIS, LLP

Firm/Company

18401 MURDOCK CIRCLE, UNIT C.

Address

PORT CHARLOTTE, FLORIDA 33948

City/State and Zip Code

MGUNDERSON@BIGWLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JILL W. LEMONS

Name of Person

at (239) 541-8448

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

GIGGLE BITE SHOWS, 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:

1105 CAPE CORAL PARKWAY E., SUITE C.
CAPE CORAL, FLORIDA 33904

Mailing Address:

P.O. BOX 100750
CAPE CORAL, FLORIDA 33910

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:

MIKO P. GUNDERSON, ESQ.

Name

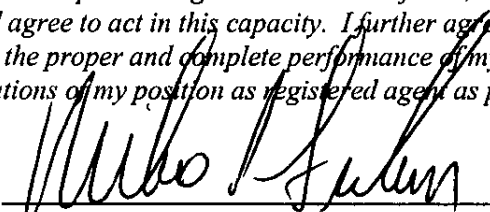
18401 MURDOCK CIRCLE, UNIT C.

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

PORT CHARLOTTE, FL 33948

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)

FILED
10 SEP -2 AM 10:01
CLERK OF COURT
HALL COUNTY, FLORIDA

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

Name and Address:

MGRM

DANIEL T. BARRES

P.O. BOX 100750

CAPE CORAL, FLORIDA 33910

MGRM

JESSICA BRUSCOLI WITHERS

P.O. BOX 100750

CAPE CORAL, FLORIDA 33910

MGRM

JILL W. LEMONS

P.O. BOX 100750

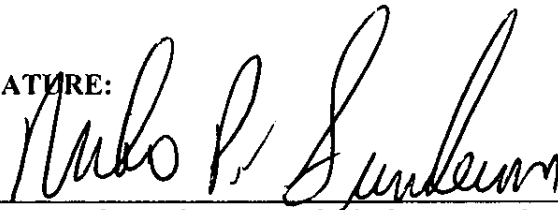
CAPE CORAL, FLORIDA 33910

(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.)

MIKO P. GUNDERSON

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)