# L10000127469

(Requestor's Name)
(Address)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Pusings Entity Name)
(Business Entity Name)
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IN DEC 13 PH 4: 25



September 27, 2010

MICHAEL T. GILBERT 1117 JOHNS COVE LANE OAKLAND, FL 34787

SUBJECT: MONEY MATTERS LIMITED L.L.C.

Ref. Number: W10000044915

We have received your document for MONEY MATTERS LIMITED L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The name of the entity cannot include "LIMITED." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6067.

Neysa Culligan

# **COVER LETTER**

TO: Registration of	n Section Corporations		
<sub>SUBJECT:</sub> G	& G Money Shack	L.L.C.	
	Name of Limit	ed Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this matt	ter to the following:	
	MICHAEL	Γ. GILBERT Name of Person	
	G & G Money	y Shack L.L.C.	
		Firm/Company	
	1117 JOHN	S COVE LANE	
		Address	
		FLORIDA 34787	
	•	y/State and Zip Code 6009@msn.com	
		for future annual report notification)	
For further information	on concerning this matter, please	e call:	
MICHAEL T. G	SILBERT	at (407 ) 947-6036	
Nai	me of Person	Area Code & Daytime Telep	shone 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 Ct	ircle



November 1, 2010

MICHAEL T. GILBERT 1117 JOHNS COVE LANE OAKLAND, FL 34787

SUBJECT: G & G MONEY SHACK L.L.C.

Ref. Number: W10000051064

We have received your document for G & G MONEY SHACK L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

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Letter Number: 610A00025714

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Company is:	
Our Ad	Norx L.L.C.	
(Must end with the wo	ds "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street ac	ress of the principal office of the Limited Liability Compan	y is:
Principal Office Address:	Mailing Address:	
1117 JOHNS COVE LANE	1117 JOHNS COVE LANE	
OAKLAND, FLORIDA 34787	OAKLAND, FLORIDA 34787	
ARTICLE III - Registered Age (The Limited Liability Company cannot ser- business entity with an active Florida regis		S
(The Limited Liability Company cannot ser	as its own Registered Agent. You must designate an individual or another ation.)	SECR DIVISION
(The Limited Liability Company cannot ser business entity with an active Florida regis The name and the Florida street a	as its own Registered Agent. You must designate an individual or another ation.)  dress of the registered agent are:	SECRETA DIVISION OF
(The Limited Liability Company cannot ser business entity with an active Florida regis The name and the Florida street a	as its own Registered Agent. You must designate an individual or another ation.)  Idress of the registered agent are:  ICHAEL T. GILBERT  Name	SECRETARY DIVISION OF CO
(The Limited Liability Company cannot ser business entity with an active Florida regis  The name and the Florida street a	as its own Registered Agent. You must designate an individual or another ation.)  Idress of the registered agent are:  ICHAEL T. GILBERT  Name  JOHNS COVE LANE	SECRETARY OF SOUND
(The Limited Liability Company cannot ser business entity with an active Florida regis  The name and the Florida street a	as its own Registered Agent. You must designate an individual or another ation.)  Idress of the registered agent are:  ICHAEL T. GILBERT  Name  JOHNS COVE LANE	SECRETARY OF SIAN
(The Limited Liability Company cannot ser business entity with an active Florida regis  The name and the Florida street a	as its own Registered Agent. You must designate an individual or another ation.)  Iddress of the registered agent are:  ICHAEL T. GILBERT  Name  JOHNS COVE LANE	SECRETARY OF SIALL DIVISION OF CORPORATION

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)

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

The name and address of each Manager or Managing Member is as follows:

	Name and Address:
"MGR" = Manager	•
"MGRM" = Managing Member	
MODIA	MICHAEL T. CHIREDT
MGRM	MICHAEL T. GILBERT
	1117 JOHNS COVE LANE
	OAKLAND, FLORIDA 34787
•	
	•
<del></del>	
	•
(Use attachment if necessary)	
CLE V: Effective date, if other that fective date is listed, the date me	nn the date of filing: (OPTIONA ust be specific and cannot be more than five business days
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CLE V: Effective date, if other that ffective date is listed, the date medians after the date of filing.)  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days
CLE V: Effective date, if other that ffective date is listed, the date med days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a median constitutes an affirmation I am aware that any false	ust be specific and cannot be more than five business days
CLE V: Effective date, if other that effective date is listed, the date med days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mean of the constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document in formation submitted in a document to the Department of State.

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)