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COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: Great Guys LLC			
Name of Limited Liability Company			
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
James C	Gail		
		Name of Person	
*		Firm/Company	· · · · · · · · · · · · · · · · · · ·
2971 We	entworth Way		
		Address	
Tarpon Sp	orings, FL 34688		
City/State and Zip Code			
greatguyss	sweepstakes@gmail.d	com for future annual report notification)	· · · · · ·
	·	·	,
For further information	n concerning this matter, please	e call:	
James Gail		at (727) 224-9540 Area Code & Daytime Telephone No	
Nam	e of Person	Area Code & Daytime Telephone No	mber
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	00 Filing Fee, icate of Status & ied Copy onal 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	y is:	
Great Guys LLC		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
2109 Wheeler Oaks Drive	P.O. Box 7022	
Brandon, FL 33510	Tampa, FL 33673	
2971 Wentwork	Registered Agent. You must designate an individ the registered agent are: C. ame	
Tarpon Springs	34688	
City	y, State, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capstatutes relating to the proper and complet accept the obligations of my position as a Registered Agent's Si	l in this certificate, I hereby accept the acity. I further agree to comply with t te performance of my duties, and I am	e appointment as the provisions of all familiar with and napter 608, F.S

(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 MGRM John William Shea 2109 Wheeler Oaks Drive Brandon, FL 33510 **MGRM** James L. Gail 2971 Wentworth Way Tarpon Springs, FL 34688 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) James L. Gail 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 5.00 Certificate of Status (Optional)