# 11000036494

(Re	questor's Name)	
(Ad	dress)	
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•		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special instructions to	Filina Officer:	
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Office Use Only



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B. KOHR MAR 2 8 2011

**EXAMINER** 

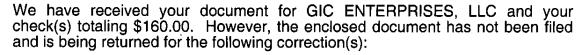


January 24, 2011

JOSEPH E. BROWN 5601 80TH AVENUE NORTH PINELLAS PARK, FL 33781

SUBJECT: GIC ENTERPRISES, LLC

Ref. Number: W11000004178



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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

The existing entity with the similar name is G I C ENTERPRISES, INC. -- Document Number P08000110455.

Please note that we have RETAINED your \$160.00 payment.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 211A00001863

## **COVER LETTER**

Division of	f Corporations			
SUBJECT: GIC	Enterprises, LLC.			1 MAR 20
SOBJECT,		ed Liability Comp	ıny	7
The enclosed Articl	es of Organization and fee(s) are	submitted for film	). -	
Please return all cor	respondence concerning this matt	er to the following	;	
Joseph	ı E. Brown			
		Name of Person		
<del></del>		Firm/Company		
5004.0	O. A N.	riiii/Company		
56018	0 Ave N	Address	- the old the	
		7 10 61 0 35		
Pinellas	Park, Fl. 33781	Messa and Vin Cod		
brownios	ورانية @tampabay.rr.com	y/State and Zip Code	•	•
blownjoe	E-mail address: (to be used t	or future annual rep	ort notification)	
For further informat	ion concerning this matter, please	e call:		
Joseph E. Bro	own	at ( 727	423-7772	_
. N	ame of Person	Area Code	& Daytime Telephone Number	-
Enclosed is a chec	k for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	py Certificate of St	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourier Address on Section of Corporations milding reutive Center Circle sec, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# IGIT Enterprises, 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:	Mailing Address:
5601 80 Ave N	5601 80 Ave N
Pinellas Park, Fl. 33781	Pinellas Park, Fl. 33781

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:

Joseph E. Brown	
N	lame
5601 80 Ave N	·
Florida stre	et address (P.O. Box NOT acceptable)
Pinellas Park,	FL 33781
Cit	tv. 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)

Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managine Me

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

MGRM	Joseph E. Brown	
	5601 80 Ave N	
	Pinellas Park, Fl. 33781	
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		<del></del>
· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary)		,
(Ose attachment if necessary)		
LE V: Effective date, if other than the	e date of filing:	(OPTION.
fective date is listed, the date must be	e specific and cannot be more than fiv	a husiness de

<u>REQUIRED</u> 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.)

Joseph E. Brown

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)