

L11000060608

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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05/12/11--01010--001 \*\*130.00

Effective Date

5/31/11

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11 MAY 20 PM 2:41  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

MAY 28 2011

EXAMINER

54792-110

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE CUSTOM GADGET STORE. L LC  
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:

SCOTT J. MILLER

Name of Person

THE CUSTOM GADGET STORE

Firm/Company

10144 ARBOR RW DR. #5

Address

TAMPA, FL 33647

City/State and Zip Code

STC@IJ.NET

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

For further information concerning this matter, please call:

SCOTT MILLER

Name of Person

at (813) 215-5478

Area Code & Daytime Telephone 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 Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 MAY 20 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 13, 2011

SCOTT J MILLER  
10144 ARBOR RUN DR  
# 5  
TAMPA, FL 33647

SUBJECT: THE CUSTOM GADGET STORE L.L.C.  
Ref. Number: W11000026765

We have received your document for THE CUSTOM GADGET STORE 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 13, 2011. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 211A00011981

Effective Date

5/31/11

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE CUSTOM GADGET STORE 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:

10144 ARBOR RUN DR #5  
TAMPA, FL 33647

Mailing Address:

10144 ARBOR RUN DR #5  
TAMPA, FL 33647

**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:

SCOTT MILLER

Name

10144 ARBOR RUN DR #5

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

TAMPA, FL 33647

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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS  
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**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:**

MGR

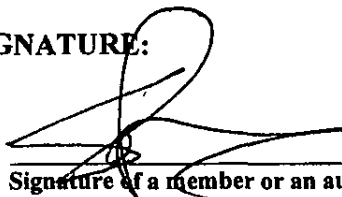
SCOTT MILLER  
10144 ARBOR RUN DR. #5  
TAMPA, FL 33647

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/31/11 (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.)

SCOTT J. MILLER

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)

FILED  
11 MAY 20 PM 2:41  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS