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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

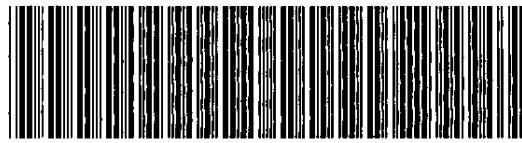
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 SEP 16 PM 12 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

SEP 19 2011

EXAMINER



CLARDY

◆ LAW FIRM, PA ◆

John S. Clardy III*

*Admitted in FL and GA
Board Certified in Elder Law

John Crider 1933-2005

P.O. Box 2410
Crystal River, FL 34423-2410
Phone: 352.795.2946
Fax: 352.795.2821

Elder Law
Wills & Trusts
Probate & Estate Settlement
Estate and Gift Taxation
Senior Asset Protection
Nursing Home Litigation

September 13, 2011

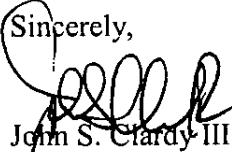
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Organization for GURUED GEAR, LLC

Enclosed please find an original and copy of Articles of Organization for filing with your office for the above referenced new LLC.

Also enclosed is a check in the amount of \$155 for the filing fees. After these Attachment have been filed, please provide me with a certified copy of same.

Thank you for your attention in this matter.

Sincerely,

John S. Clardy III

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TALLAHASSEE, FLORIDA
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JSC:kfg
Enclosures

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

GURUED GEAR, LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

PO Box 5, Lecanto, FL 34460

4177 N. Citrus Ave., Crystal River, FL 34428

Article III — Registered Agent, Registered Office and Registered Agent's Signature:

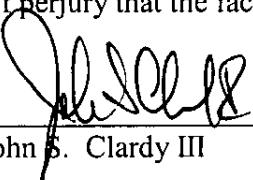
The name and the Florida street address of the initial registered agent are:

JOHN S. CLARDY III

243 NE 7th Street
Crystal River, FL 34428

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


John S. Clardy III

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TALLAHASSEE, FLORIDA

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ARTICLE IV - Manager or Managing Member

Title Name and Address:

Manager/Member Timothy Nash
PO Box 5
Lecanto, FL 34460

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 7 day of SEPTEMBER, 2011.



Signature of Member or Authorized Representative
TIMOTHY NASH

(In accordance with section 608.408(3), Florida Statutes, the execution of this documents constituted an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fee: **\$100.00 for Articles of Organization**
\$25.00 for Designation of Registered Agent
\$30.00 for Certified Copy Articles Organization

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TALLAHASSEE, FLORIDA

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