

L11000114193

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From: **Carrie L. Ramos, Paralegal please fax confirmation to 407 244-5690**

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.**Gigi Imagines, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is:

Gigi Imagines, LLC

ARTICLE II
Address

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

14158 Hampshire Bay Circle
Winter Garden, Florida 34787

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managing-members and is, therefore, a "member-managed" limited liability company.

ARTICLE IV
Initial Managing Members

The name and address of the initial Managing Member of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
Janet M. Haddock	14158 Hampshire Bay Circle Winter Garden, FL 34787

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ARTICLE V
Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

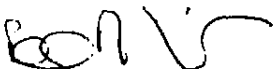
Phillip R. Finch
301 E. Pine Street, Suite 1400
Orlando, FL 32801

Having been named as registered agent to accept service of process for the above referenced 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, Florida Statutes.



REGISTERED AGENT'S SIGNATURE

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 section 817.155, Florida Statutes.



AUTHORIZED REPRESENTATIVE'S SIGNATURE

Phillip R. Finch

Type or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)

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