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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRE SECRETALISTS TROPIDA

B. BOSTICK
OCT 1 8 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brian C Name of Li	amista LLC imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Brian C	Ompton Name of Person
Brian Co	Firm/Company
5401 BOAT	MACE COAD
PACKERS F1.	32404 City/State and Zip Code
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, ple	
Brian Compton Name of Person	at (850) 890 89 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Enclosed is a check for the following amount	3: 22 0RID
\$125.00 Filing Fee \$\bigcup\$\$ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 is:	

GAN COMPTON 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:
5401 BoAT FACE MAD	540) Dost roce road
Parkers F1. 32404	Parkers F1 32404
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)	

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

Name

Syol Seat race Road

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

Panama City FL 32464

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..

Registered Agent's signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

		_		007
				<u>~~</u>
(Use attachment if necess	ary)			
LE V: Effective date, if of	ther than the da	nte of filing:		(OPTIONAI
ffective date is listed, the days after the date of fil	iate must de s ng.)	pecine and cannot be	more than nve	business days

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.)

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)