L11000139986

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instituctions to I limb Officer.				
L. SELLERS				
DEC 1 8 2011				
EXAMINER				

Office Use Only

500214848735

12/09/11--01009--025 **125.00

11 DEC -9 PH 2: 27
SECRETARY OF STATE
ALLAHASSEP FINDIA

1 DEC -9 PM 2: 23

COVER LETTER

TO:	Registration S Division of Co		
SUBJ	ECT: Grour	nded Gigs, LLC.	
5020			ed Liability Company
The er	nclosed Articles o	f Organization and fee(s) are	submitted for filing.
Please	return all corresp	ondence concerning this mat	ter to the following:
	Richard \	W. Blackford	
			Name of Person
			Firm/Company
	486 Noga	les Ave NE	
			Address
	Palm Bay ,	Florida 32907	
			ry/State and Zip Code
	Sailslowdar	cing@yahoo.com	for future annual report notification)
For fu	rther information	concerning this matter, please	•
Richard W. Blackford		kford	_at (321 480-3430
	Name	of Person	Area Code & Daytime Telephone Number
Enclo	sed is a check fo	or the following amount:	
\$125.00	O Filing Fce	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I ·	- Name:		
The name of t	he Limited Liability Comp	oany is:	
O	al O: 11 O		
Grounde	d Gigs, LLC.		
	(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II	- Address:		
The mailing a	ddress and street address o	of the principal office of the Limited	Liability Company is:
Principal Off	ice Address:	Mailing Address:	
486 Nogales <i>A</i>	Ave. NE	486 Nogales Ave. NE	
Palm Bay, Flo		Palm Bay, Florida	
32907		32907	
The name and	Richard W. Black 486 Nogales	Name	
		street address (P.O. Box NOT acceptable)	
	Palm Bay	32907	
		City, State, and Zip	
liability co registered ago statutes rela	ompany at the place designate ent and agree to act in this atting to the proper and compete obligations of my position Registered Agent	and to accept service of process for a ted in this certificate, I hereby accept capacity. I further agree to comply v plete performance of my duties, and a as registered agent as provided for it 's signature (REQUIRED)	ot the appointment as with the provisions of all I am familiar with and
	(CC	minoed)	

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Richard W. Blackford 486 Nogales Ave NE Palm Bay, Florida 32907
<u> </u>	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 6th, 2011 (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.)

Richard W. Blackford

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)