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2012 FEB - 6 PM (2: 11

C. LEWIS
FEB = 7 2012
EXAMINER

COVER LETTER

TO:	Registration, S Division of Co			
SUBJ	ECT: Gibso	n House LLC		
-,		Name of Limit	ted Liability Company	
The en	nclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	tter to the following:	
	Kevin Kla	dakis		
	,		Name of Person	
	Gibson H	ouse LLC		
			Firm/Company	
	4008 Sev	illa St.		
			Address	
	Tampa FL	33629		
			ty/State and Zip Code	
	KKladakis3(@TampaBay.rr.com	for future annual report notification)	
For fu	rther information o	concerning this matter, pleas	• ,	
	n Kladakis			
		of Person	at (813) 727-7838 Area Code & Daytime Telep	phone Number
	sed is a check fo	r the following amount: \$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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Gibson Ho		imited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - A	Address:				
		s of the principal office of the Limited L	iability (Compa	ny is:
Principal Office	Address:	Mailing Address:			
4008 Sevilla St.		4008 Sevilla St.			
Tampa FL 33629		Tampa FL 33629		_	
	<u> </u>			_	
(The Limited Liability		Registered Office, & Registered Agent ts own Registered Agent. You must designate an indi			
The name and th	e Florida street addre	ss of the registered agent are:	SE SE	2012	
	Kevin Kladakis		CKETARY LAHASSEI	? FEB	7
	Name			B - 6	
	4008 Sevilla	a St.	SEE SY C		i TT
	Floric	da street address (P.O. Box NOT acceptable)	F.F.S	74 75	
	Tampa	_{FL} 33629	F STATE FLORIDA		
		City, State, and Zip	, D.E.	_	
~	•	ent and to accept service of process for the gnated in this certificate, I hereby accept t			
statutes relatir	ng to the proper and co	is capacity. I further agree to comply wit omplete performance of my duties, and I a on as registered agent as provided for in	ım famili	ar with	and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	SECRETARY OF FALLAHASSEE.
Kevin Kladakis	Kevin Kladakis
	4008 Sevilla St.
	Tampa FL 33629
	6-100-101-1
 	
(Use attachment if necessary)	
LE V: Effective date, if other the date is listed, the date is	nan the date of filing: 02-1-12 (OPTION nust be specific and cannot be more than five business de
LE V: Effective date, if other the	
LE V: Effective date, if other the date is listed, the date is days after the date of filing.)	
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business d
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with see constitutes an affirmation of a lam aware that any false.)	nust be specific and cannot be more than five business de
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with see constitutes an affirmation of a lam aware that any false.)	must be specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be more than authorized representative of a member. It ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)