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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
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(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates	of Status
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Charles Instructions to Filing Officer	
Special Instructions to Filing Officer:	





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SECRETARY OF STATE
AHASSEE FLORIDA

D. BRUCE
MAY 0 7 2012

EXAMINER

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COVER LETTER

Division of Corporations
SUBJECT: Galaxy Cheer LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christine Adamo Name of Person
Galaxy Cheer LLC Firm/Company
725 Egret Landing PL Apt 306
Orlando, FL 32825 City/State and Zip Code
Christine adamo 10 amail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christine Adamo at 954 701-4056 Property Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "L.L.C.	· ," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address: Mailing Addr	ess:
725 Egret Landing PL 725 Eg Apt 300 Apt 300 Orlando, FL 32825 Orlando	ret Landing PL , FL 32825
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Registered Agent. You must business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	re: 27 12 1
Christine Adamo	TARY CHASSEE
725 Earet Landing PL Blorida street address (ROBox NO	Apt 300 %
Orlando FL 32829 City, State, and Zip	DA DA
Having been named as registered agent and to accept service of liability company at the place designated in this certificate, I he registered agent and agree to act in this capacity. I further agree statutes relating to the proper and complete performance of my accept the obligations of my position as registered agent as properties. Registered Agent's Signature (REQUIRED)	ereby accept the appointment as to comply with the provisions of all duties, and I am familiar with and
(CONTINUED)	

Page 1 of 2

(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 the true. I am aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S.)

Christine Adamo
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)