#1300001405

. (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



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2.DEC 31 PH 4: 17

K.SALY EXAMINER JAN - 3 2013

COVER LETTER

TO: Registration S Division of Co			
_{SURJECT:} Gigi F	Pet Supplies, LLC		
		ed Liability Company	
The enclosed Articles of	f Organization and fee(s) are:	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
<u>Jacquelir</u>	ne Carden		
		Name of Person	
Gigi Pet	Supplies, LLC		
		Firm/Company	
1495 Ste	nfani Cir		
		Address	
Cantonmer	nt, FL 32533		
,	City	v/State and Zip Code	
peebdipstic			
	•	or future annual report notification)	
For further information	concerning this matter, please	call:	
Jacqueline Card	en	474-0092 at (850) 747-0092	
Name	of Person	Area Code & Daytime Telephone Numb	er er
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	Filing Fee, to of Status & Copy Loopy is enclosed
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Gigi Pet Supplies, LLC (Must end with the words "Limited Liability	ty Company #1 L C 2 or #1 L C 2)
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1495 Stenfani Cir Cantonment, FL 32533	1495 Stenfani Cir Cantonment, FL 32533
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent, You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Jacqueline Carden	William Control of the Control of th
Name	C31 PI
1495 Stenfani Cir	egistered agent are:
Florida street addr	ress (P.O. Box NOT acceptable)
Cantonment	_{FL} 32533

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..

City, State, and Zip

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(CONTINUED)

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	Name and Address:
"MGRM" = Managing Me	ember
MGR	Jacqueline Carden 1495 Stenfani Cir
	1495 Stenfani Cir
	Cantonment, FL 32533
	
(Use attachment if necessa	ıry)
T F W. 1700-41 3-4- 10-41	COPTION
LE V: Effective date, if our	her than the date of filing: (OPTIONAL)
days after the date of filin	ate must be specific and cannot be more than five business day
uays atter the date of little	15-7
	RE:

Jargen die Candon

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.)

Jacqueline Carden

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)