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SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR 1 6 2013

T. HAMPTON

# TIMOTHY G. HAYES AND ASSOCIATES, P.A. Attorneys at Law

Lakeview Professional Center 21859 State Road 54, Suite 200 Lutz, Florida 33549 TIMOTHY G. HAYES
Telephone (813) 949-6525 • Fax (813) 949-6433
e-mail: tghayes@ mindspring.com

April 11, 2013

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Gift Enterprises, LLC

Dear Sir or Madam:

Enclosed for filing please find the original and one copy of the Articles of Organization for the above limited liability company, along with a check in the amount \$125.00 for the filing fee and Designation of Registered Agent, and a self-addressed stamped envelope.

Sincerely yours,

Debrah Mayworth

DEBRAH MAYWORTH

Legal Assistant

HAYES & ASSOCIATES, P.A. 21850 State Pond 54 Suite 200

21859 State Road 54, Suite 200

Lutz, Florida 33549

(813) 949-6525

/dm Encls.

#### ARTICLES OF ORGANIZATION

**OF** 

## Gift Enterprises, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

#### **ARTICLE I -- NAME**

The name of the Limited Liability Company is: Gift Enterprises, LLC

#### **ARTICLE II -- ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

7001 N. Dale Mabry Hwy, Suite 7 Tampa, Florida 33614

## **ARTICLE III -- REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent are:

James J. Gift 7001 N. Dale Mabry Hwy, Suite 7 Tampa, Florida 33614 SECRETARY OF STATE DIVISION OF CORPORATION: 42

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 of registered agent as provided for in Chapter 608, Florida Statutes.

Registered Agent's Signature

# **ARTICLE IV -- MANAGEMENT**

(Check Box If Applicable)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. The name and address of each Member or Managing Member is as follows:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

James J. Gift

7001 N. Dale Mabry Hwy, Suite 7

Tampa, Florida 33614

Name and Address:

**MGR** 

**Gaye Conover Gift** 

7001 N. Dale Mabry Hwy, Suite 7

Tampa, Florida 33614

Signature of a member or an authorized representative of a member

JAMES J. GIFT

Dated this 9 day of April, 2013

(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.)

Filing Fees:

Filing fee for Articles of Organization \$100.00 **Designation of Registered Agent** \$ 25.00 Certified Copy (Optional) \$ 30.00 **Certificate of Status (Optional)** \$ 5.00