

U3000119477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

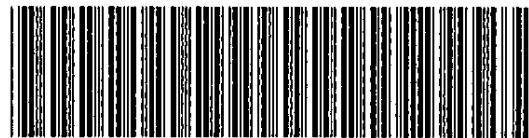
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SMITH LAW FIRM, LLC
ATTORNEYS AND COUNSELORS AT LAW

B. LARRY SMITH, P.A.
"SNUFFY"

322 EAST PARK AVENUE
CHIEFLAND, FLORIDA 32626

B. SHANNON SMITH, P.A.
"SHANNON"

OFFICE (352) 490-5353
FACSIMILE (352) 490-5337

August 21, 2013

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32314

Via Federal Express

RE: Gainey Foods, LLC

To Whom It May Concern:

Please find enclosed my office check numbered 5297 in the amount of \$130.00 with the original Cover Letter and Articles of Incorporation for filing in the above matter. Please forward the Certificate of Status to my office at 322 East Park Avenue, Chiefland FL, in the enclosed self addressed, stamped envelope.

In the meantime, I thank you for your time and consideration.

Sincerely,



B. SHANNON SMITH
BSS/cms
enc

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GAINey foods, LLC

(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:

15858 SE HWY 19
CROSS CITY, FL 32628

Mailing Address:

P. O. Box 2419
CROSS CITY, FL 32628

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Paul Gainey

Name

15858 SE HWY 19

Florida street address (P.O. Box NOT acceptable)

CROSS CITY, FL 32628

City, State, and Zip

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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..

Paul Gainey

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Paul N. Gainey

15858 SE HWY 19

Cross City, FL 32628

MGRM

Candice J. Gainey

15858 SE HWY 19

Cross City, FL 32628

(Use attachment if necessary)

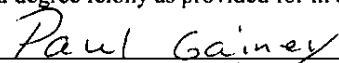
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



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)

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