

L13000141767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT - 8. 2013

EXAMINER

Barbara B...

**Bostick, Barbara A.**

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**From:** Kate Lyn's Boutique <katelynsboutiqueonplant@gmail.com>  
**Sent:** Saturday, October 05, 2013 4:16 PM  
**To:** Bostick, Barbara A.  
**Subject:** Fwd: Gibson Girls LLC  
**Attachments:** Check Detail - DOS.pdf

Barbara,

Thank you for calling about the paperwork for Gibson Girls LLC. Attached is my cancelled check, made payable to the DOS. Also, I acknowledge that there is a Gibson Girl LLC, but I would still like to proceed with my entity.

Please let me know if you need any additional information. I need the document number to be registered so that I can move forward with Fictitious Name Registration and my Sales and Payroll Tax Registration. Thanks so much.

--

Warm Regards,

Lori Gibson  
*Kate Lyn's Boutique*  
*111 West Plant Street, Winter Garden FL 34787*  
*(407) 614-3809*

--

Warm Regards,

Lori Gibson  
*Kate Lyn's Boutique*  
*111 West Plant Street, Winter Garden FL 34787*  
*(407) 614-3809*

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(850) 245-6051.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gibson Girls 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:

Lori Garner Gibson

Name of Person

Kate Lyn's Boutique

Firm/Company

111 W Plant St

Address

Winter Garden FL 34787

City/State and Zip Code

katelynsboutiqueonplant@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Gibson

at 407 739-7824

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Gibson Girls 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:

111 W Plant Street  
Winter Garden, FL 34787

#### Mailing Address:

111 W Plant Street  
Winter Garden FL 34787

### 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:

Lori Garner Gibson

Name

111 W Plant Street

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

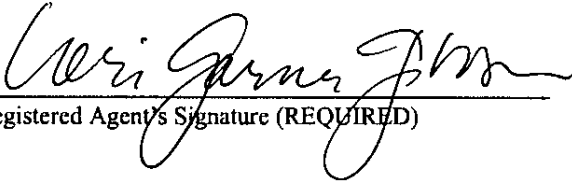
Winter Garden FL 34787

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..*

  
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

**Name and Address:**

MGRM

Lori Garner Gibson  
799 W 2nd Avenue  
Windermere, FL 34786

MGR

Courtney S Gibson  
799 W 2nd Ave  
Windermere, FL 34786

MGR

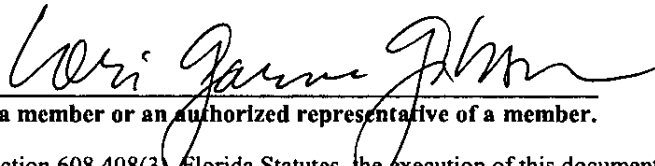
Brittany B Gibson  
799 W 2nd Ave  
Windermere FL 34786

(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.)

Lori Garner Gibson

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)**