## 114000147682

		·
(Re	equestor's Name)	
(Ac	idress)	
(	,	
(Ac	idress)	
	. (0. ) (7: (0)	
(Cr	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nai	ne)
(Dr	ocument Number)	
(20	oument Humber)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		:
<b>y</b> ·	Office Use Or	



500263664225

09/18/14--01016--009 \*\*160.00

14 SEP 18 PH 1:26
SECRETARY OF STATE
MALLAHASSEE FLORIE

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT: Gillikin Enterprises LLC. Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this re	natter to the following:	
	Bruce Gillikin	Name of Person	
(S <sup>Pf</sup>	GillikinEnterprises LLC.	GILLIKIN ENTE	exprises LLC
	217 Hibiscus Dr	Address	
<del></del>		City/State and Zip Code  CE _ G / L / K / N Co  d for future annual report notifica	y AHOO-Com
	Gillikin at (	239 ) 281-8729	ephone Number
_	ed is a check for the following amount:  0 Filing Fee   \$\sum_{\text{Status}} \frac{130.00}{2}\$ Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Gillikin Enterprises 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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
217 Hibiscus Dr. Fort Myers Beach, Fl. 33931	217 Hibiscus Dr. Fort Myers Beach. Fl. 33931
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Bruce Gillikin	
Name	
217 Hibiscus Dr. Florida street address (P.O. Box	NOT acceptable)
Fort Myers Beach	FL 33931
City	Zip
	vice of process for the above stated limited liability compar the appointment as registered agent and agree to act in th

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE

And the second s

Title: "AMBR" = Authorized M "MGR" = Manager	<b>1</b> ember	Name and Address:	
`	•	9-30-14	
E V: Effective date, if other continued is listed, the dof filing.)	ner than the date of filinate must be specific a	ng: <u>9-30-14</u> . (OPTIONAL) and cannot be more than five business days prior to or 9	0 days
E V: Effective date, if other citive date is listed, the dof filing.)	ner than the date of filinate must be specific a	"B' (OT 11011112)	0 days
(Use attachment if necess  E V: Effective date, if oth ective date is listed, the d of filing.)  E VI: Other provisions, if  REQUIRED SIGNATU	ner than the date of filing the must be specific any.	and cannot be more than five business days prior to or 9	0 days
E V: Effective date, if oth ective date is listed, the dof filing.)  E VI: Other provisions, if  REQUIRED SIGNATU	are than the date of filing the must be specific any.  RE:	and cannot be more than five business days prior to or 9	0 days
E V: Effective date, if other date is listed, the dof filing.)  E VI: Other provisions, if  REQUIRED SIGNATU  Sig (In accordance	any.  RE:  Mature of a member with section 605.0203	and cannot be more than five business days prior to or 9  All of the control of a member.  The control of the control of this documents.	0 days
E V: Effective date, if oth ective date is listed, the dof filing.)  E VI: Other provisions, if  REQUIRED SIGNATU  Sig  (In accordance constitutes an a I am aware that	any.  RE:  Mature of a member with section 605.0203 ffirmation under the p any false information	and cannot be more than five business days prior to or 9	0 days
E V: Effective date, if oth ective date is listed, the dof filing.)  E VI: Other provisions, if  REQUIRED SIGNATU  Sig  (In accordance constitutes an a I am aware that constitutes a th	any.  RE:  Mature of a member with section 605.0203 ffirmation under the pany false information ind degree felony as proceedings.	or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document is enablities of perjury that the facts stated herein are true in submitted in a document to the Department of State rovided for in s.817.155, F.S.)	14 SEP 18
E V: Effective date, if oth ective date is listed, the dof filing.)  E VI: Other provisions, if  REQUIRED SIGNATU  Sig  (In accordance constitutes an a I am aware that constitutes a th	any.  RE:  Mature of a member with section 605.0203 ffirmation under the pany false information ind degree felony as proceedings.	or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.	14 SEP