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## **COVER LETTER**

	ision of Corporations				
SUBJECT:	GARYS	Woot	D KI	VOTS,	LLC.
•		Name of Limi	ted Liability (	Company	
The sealogn	A Amialan a COusanisasi	ion and fac(s) and	submitted for	. filina	
	Articles of Organizati				•
Please return	all correspondence co	ncerning this mat	ter to the follo	owing:	
	LAURA	Ros	emey	ور	
			Name of Per	son	
-			Firm/Compa	any	
		_	_		
_	571	FOX WI	T CO	3 LVD	<del></del>
	ENGLE Lurieros E-mail ado	WOOD	FL	342	<u>مح</u> ح
-		Cit	y/State and Z	ip Code	
	wrie ros	semeye	r (a)	yahoo -	Com
				шая героп поште	ation
For further in	nformation concerning	this matter, pleas	e call:		
laura	Roseme	lec at (	314	497-	1121
	Name of Person	( at (	Area Code	Daytime To	elephone Number
•					
Enclosed is a	a check for the following	ng amount:			
<b>l \$</b> 125.00 Fili		Filing Fee & ate of Status	S155.00 F Certified (additional c		☐\$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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
GARYS WOOD INOTS LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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: Mailing Address:
524 PAUL MORRIS DR #G 524 PAUL MORRIS DR #G ENGLE WOOD ENGLE WOOD FL 34223 FL 34223
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:
Laura Rosemeyer Name
Name
571 FOXWOOD BLVD
Florida street address (P.O. Box NOT acceptable)
ENGLEWOOD FL 34223 City Zip 5
City Zip 🥌
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
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<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<del></del>	
AMBR	GARY OLSON  571 FOXWOOD BLVD  ENGLEWOOD FL34223
AMBR	LAURA ROSEMEYER  571 FOXWOOD BLUD  ENGLEWOOD FL 34223
(Use attachment if necessary)	
	of filing: 10 -15-2014 (ODTIONAL)
CLE V: Effective date, if other than the date of effective date is listed, the date must be spette of filing.)	of filing: 10 15-3014. (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date of effective date is listed, the date must be spe	of filing: 10 15-3014. (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date of effective date is listed, the date must be spette of filing.)	ecific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date of effective date is listed, the date must be specific of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform	of filing:
CLE V: Effective date, if other than the date of effective date is listed, the date must be specific of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State yas provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the date of effective date is listed, the date must be specific of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document representative of a member are true.  mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)

The name and address of each person authorized to manage and control the Limited Liability Company: