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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

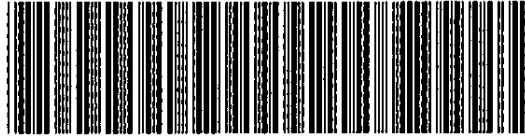
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers JAN 05 2015
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2014

GALAS FOR CHARITY MAGAZINE, LLC
6847 SE TWIN OAKS CIRCLE
STUART, FL 34997

SUBJECT: GALAS FOR CHARITY MAGAZINE, LLC
Ref. Number: W14000075443

We have received your document for GALAS FOR CHARITY MAGAZINE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please type or print the document legible.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00026867

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Galas for Charity Magazine, L.L.C.
Name of Limited Liability Company
GALAS FOR CHARITY MAGAZINE, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elaine M. Houlihan
Name of Person

Galas for Charity Magazine, L.L.C.
Firm/Company

6847 S.E. Swin Oaks Circle
Address

Stuart, FL 34997
City/State and Zip Code

Houlihan222037@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine M. Houlihan
Name of Person

772
Area Code

288-4248 or 772-349-3258
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Galas for Charity Magazine, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

GALAS FOR CHARITY MAGAZINE, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

6526 SO. KANNER HWY
230
STUART, FL. 34997

Mailing Address:

6526 SO. KANNER HWY
230
STUART, FL. 34997

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:

Elaine M. Houlihan - ELAINE M. HOULIHAN
Name

6847 S.E. Devin Oaks Circle
Florida street address (P.O. Box **NOT** acceptable)

Stuart FL FL 34997
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.

Elaine M. Houlihan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Elaine M. Houlihan
6847 S.E. TWINDOAKS CIRCLE
STUART, FL. 34997

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 15, 2015

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Elaine M. Houlihan

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

ELAINE M. HOULIHAN

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)

FILED
15 JAN -2 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA