## 11500009769

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	[]:WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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		,

Office Use Only

EFFECTIVE DATE OF DUE 15



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2015 JAN - 9 PM 1: 43
SECRETARY OF STATE
TALLAHASSEE FLORIBA

JAN 20 2015 D. BRUCE

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	GIG Promo LLC
50501	Name of Limited Liability Company
The end	osed Articles of Organization and fee(s) are submitted for filing.
Please	turn all correspondence concerning this matter to the following:
	Jason Green
	Name of Person
	Firm/Company
	27112 1 A. 55
	Address
	2711 Ind Au SE  Address  Naples FL 34117  City/State and Zip Code
	City/State and Zin Code
	City/State and Zip Code  STYLE X10 23@ 6MAIL. COMER TO STYLE X10 2
	E-mail address: (to be used for future annual report notification)
For fur	er information concerning this matter, please call:
	er information concerning this matter, please call:    Darrick Green at 39   200 - 4532   5     Name of Person   Area Code   Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclose	is a check for the following amount:
\$125.0	Filing Fee Status Certificate of Status Certified Copy (additional copy is enclosed)  \$130.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
·	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
616 Promo 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:		
2711 and Au SE		
Naphs, FC 34117		
City Zip	2015 JAN -9 PM 1:43	
Having been named as registered agent and to accept service of process for the above stated limited liability the place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete professions of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete professions of my position as registered agent as provided in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete professions. Chapter 605, F.S  Registered Agent's Signature (REQUIRED)	act in perforn	this nance
(CONTINUED)		

Page 1 of 2

EFFECTIVE DATE 01/06/15

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Manager M6R-	Jason Green
	2711 Ind Aug SE
	Naples, FZ 34117
	. 1
(Use attachment if necessary)	
EV: Effective date, if other than the ective date is listed, the date must be	date of filing:
EV: Effective date, if other than the ective date is listed, the date must bof filing.)	date of filing:
E V: Effective date, if other than the ective date is listed, the date must be filling.)  E VI: Other provisions, if any.	date of filing: 1-6-15 (OPTIONAL)  se specific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the ective date is listed, the date must be filling.)  E VI: Other provisions, if any.	date of filing:
E V: Effective date, if other than the ective date is listed, the date must be filling.)  E VI: Other provisions, if any.	date of filing:
E V: Effective date, if other than the ective date is listed, the date must be filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	a member or an authorized representative of a member.
E V: Effective date, if other than the ective date is listed, the date must be of filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the ective date is listed, the date must be filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the ective date is listed, the date must be of filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false in the ection of the ection is the ection of the ection	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
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E V: Effective date, if other than the ective date is listed, the date must be filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a constitutes an affirmation I am aware that any false is constitutes a third degree.	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent
E V: Effective date, if other than the ective date is listed, the date must bof filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false it constitutes a third degree in the ectivation of the entire transfer of the enti	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  Gorganization and Designation of Registered Agent

ARTICLE IV-