# L15000025357

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Da	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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# **COVER LETTER**

	egistration ivision of C	: Section Corporations	<b>*</b>			*.	<b>M</b> *
SUBJECT	<u>Gi</u>	ftoff	Name of Lir	C LC nited Liability C	Company		·
The enclos	ed Articles	of Organization	and fee(s) a	re submitted for	filing.		
Please retu	rn all corre	spondence conc	erning this m	atter to the follo	wing:		
	اع	velyn	Gain	ious		·	
	,	1		Name of Pers	son		
				Firm/Compa	ny		
		3424 L	enovo	lane			
		Tallah	assee,	FL 3 City/State and Zi	2305		
	<b>A</b>	24010101	ر) نام در هی	City/State and Zi	p Code		
	10416	E-mail addres	ss: (to be use	d for future anni	ual report notific	eation)	
For further		n concerning thi					
<u>&amp;ve</u>	,	MINOUS ne of Person			264-47 Daytime Te	359 elephone Number	
Enclosed is	a check fo	r the following	amount:				
] \$125.00 Fi	iling Fee	□\$130.00 Fi Certificate		S155.00 Fi Certified C (additional co		Certified C	of Status &

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 1 - Name: The name of the Limited Liability Company is:  Gift of Favour, //c	TALL ALLESS	15 FED 11	
(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:	H FLOW	AM 10: 10	1
Principal Office Address:  8424 Lenova Lane Tallahassee, PL 32305  Tallahassee, PL 32305	<b>S</b> m	0	
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:			
Name  SHOULENOVA LOW  Florida street address (P.O. Box NOT acceptable)			
Tallahosse FL 30305 City Zip			
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and a capacity. I further agree to comply with the provisions of all statutes relating to the proper and con of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter \$\mathbf{d}05\$, F.S.	gree to act nplete perf	t in this formance	
n. i			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Fitle:</u> 'AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGK - Manager	Evelyn Gainous 8424 Lenova land Tallahosser, FL 32305
	Tallamisser, FL 32305
V: Effective date, if other than the d	late of filing: (OPTIONAL)
V: Effective date, if other than the detive date is listed, the date must be	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
Use attachment if necessary)  V: Effective date, if other than the detive date is listed, the date must be filing.)  VI: Other provisions, if any.	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the detive date is listed, the date must be filing.)  VI: Other provisions, if any.  Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	specific and cannot be more than five business days prior to or 90

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)