

LI 6000029156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

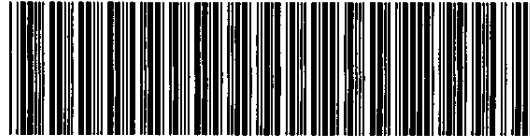
(Document Number)

Certified Copies _____ Certificates of Status _____

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01/04/16--01012--022 **130.00

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16 FEB -4 PM 4:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

2/11/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Giggles Entertainment Corporation, LLC.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Raymond D Dominick

Name of Person

Firm/Company

1310 North Shore Dr

Address

Leesburg, FL 34748

City/State and Zip Code

lruc@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond D Dominick

352

315-1651

at (

Name of Person

Area Code

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

16 FEB -4 PM 4:22

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2016

RAYMOND D DOMINICK
1310 NORTH SHORE DRIVE
LEESBURG, FL 34748

SUBJECT: GIGGLES ENTERTAINMENT CORPORATION, LLC
Ref. Number: W16000002120

RECEIVED
16 FEB -4 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GIGGLES ENTERTAINMENT CORPORATION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 016A00000888

FILED
16 FEB -4 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 FEB -4 PM 4: 22

Giggles Entertainment Corporation, LLC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1310 North Shore Dr
Leesburg, FL 34748

1310 North Shore Dr
Leesburg, FL 34748

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:

Raymond D. Dominick

Name

1310 North Shore Dr

Florida street address (P.O. Box **NOT** acceptable)

Leesburg

FL

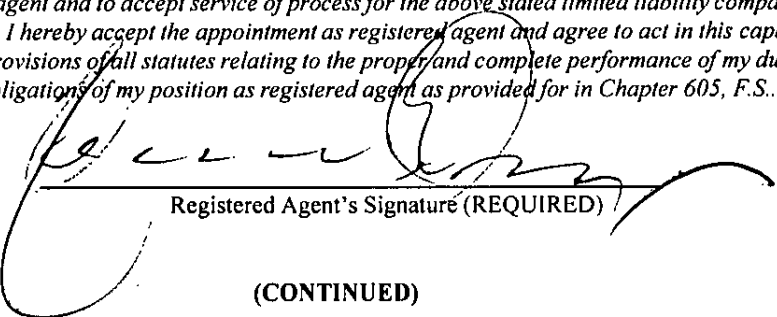
34748

City

State

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Raymond D Dominick

1310 North Shore Dr

Leesburg, FL 34748

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2016. (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Raymond D. Dominick

Typed or printed name of signer

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
16 FEB -4 PM 4: 22
TO THE STATE
CLERK
TALLAHASSEE, FLORIDA