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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

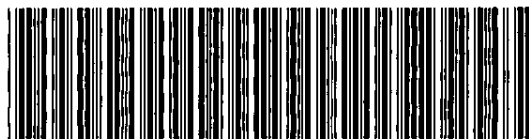
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE GARY SISTERS, LLC

Signature \_\_\_\_\_

Requested by: BA

3/3/17

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- ☒ \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- ☒ \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

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STATE OF FLORIDA

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ARTICLES OF ORGANIZATION  
OF  
THE GARY SISTERS, LLC

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The undersigned, for the purpose of forming a Limited Liability Company for profit under the laws of the State of Florida, hereby adopts the following Articles of Organization:

ARTICLE I - NAME

The name of this Limited Liability Company is:

THE GARY SISTERS, LLC

ARTICLE II - TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually.

ARTICLE III - PURPOSES

The purposes of this Limited Liability Company are to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be 2639 Fruitville Road, Suite 200, Sarasota, FL 34237.

ARTICLE V - INITIAL REGISTERED AGENT AND ADDRESS

The street address of the registered office of this Limited Liability Company is 2639 Fruitville Road, Suite 200, Sarasota, Florida 34237, and the registered agent at such office is Kim Gary Eskew.

ARTICLE VI - MANAGEMENT

This Limited Liability Company shall be managed by a manager selected by a majority vote of its members.

ARTICLE VII - VOTING

All members shall be entitled to vote on matters relating to the business operations of this Limited Liability Company. Each member shall have one vote for each membership unit owned.

ARTICLE VIII - ADDITIONAL MEMBERS

No person may be admitted as a member of this Limited Liability Company unless all existing member consent in writing to the admission of such additional member.

ARTICLE IX - CONTINUATION OF BUSINESS OPERATIONS

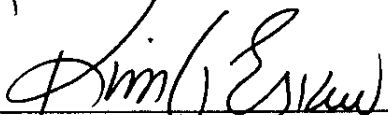
In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued


membership of a member, the remaining members shall continue the business operations of this Limited Liability Company.

ARTICLE X - AMENDMENT

These Articles of Organization may be amended in certain instances by the members as provided by statute.

The undersigned has executed these Articles Of Organization this 28 day of February, 2017.

  
KIM GARY ESKEW, as Trustee of the  
KIM G. ESKEW REVOCABLE TRUST

  
CYNTHIA G. IVERSON, as Trustee of  
the CYNTHIA G. IVERSON REVOCABLE  
TRUST

"MEMBERS"

Having been named as Registered Agent and to accept service of process for THE GARY SISTERS, LLC at the place designated in the foregoing Articles of Organization, 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.

2-28-17  
Date

Kim Gary Eskew  
Kim Gary Eskew, Registered Agent

{RWD:sg\w:\4187-2\A00.LLC}

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