## L11000106857

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Cry Carrelly,
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
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## COVER LETTER

	lew Filing Section Division of Corporations		•
SUBJECT	Forbidden Gecko Love, LLC		
SUBJECT	l': Name o	f Limited Liab	ility Company
The enclos	sed Articles of Organization and feet	(s) are submitte	ed for filing.
Please retu	ırn all correspondence concerning th	is matter to the	following:
	Margaret Kostka		
		Name o	of Person
	Forbidden Gecko Love, LLC		
		Firm/C	Сотрапу
	570 A1A Beach Boulevard		
	_	Ado	dress
	St. Augustine, Florida 32080		
	magkostka@yahoo.com	City/State a	and Zip Code
		used for future	annual report notification)
For further	information concerning this matter, p	please call:	
	Margaret Kostka	904	669-5132
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	is a check for the following amount:		
\$125.00 F	•	ıs L—Certi	fied Copy sonal 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabilit	y Company is:			
Forbidden Gecko Lo	ve. LLC			
	ain the words "Limited I	Liability Company, "L	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited Li	ability Company is:	
<u>Princip</u>	al Office Address:		Mailing Add	ress:
570 A1A Beach Bou St. Augustine, Florid			A Beach Boulevard gustine, Florida 32080	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent. Yo		dividual or
The name and the Florida street	address of the registered	agent are:		IAL SE
	Margaret Kostka			<b>3</b>
		Name	· 1004	77 - 36 in
	570 A1A Beach Boul	levard		SSEE SSEE
	Florida street address	s (P.O. Box NOT acc	eptable)	
	St. Augustine	Florida	32080	STA
	City	State	Zip	TATE

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

"MGR" = Manager AMBR  Michael Johnson 570 A1A Beach Boulevard St. Augustine, Florida 32080  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 d te of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOURED SIGNATURE:  REOURED SIGNATURE:  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.  Margaret Kostka  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)	<u>Title:</u>		Name and Address:
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  CLE V: Effective date, if other than the date of filing:  CLE V: Effective date, if other than the date of filing:  CLE V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 d te of filing).  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be current's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  REOUIRED SIGNATURE:  REOUIRED SIGNATURE:  Margaret Kostka  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent			
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		er	Mr. 1 - 1 f - 1
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	AMBR		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:			
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:			St. Augustine, Florida 52000
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:			
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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.  Margaret Kostka  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)	ffective date is liste e of filing.)	ed, the date must be spec	cific and cannot be more than five business days prior to or 9
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ARTICLE IV-