L18000 256829

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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NOV - 6 2018

COVER LETTER

	ew Filing Section ivision of Corporations	
SUBJECT	: GIA MANAGEMENT	+ CONSULTING LLC imited Liability Company
The enclos	ed Articles of Organization and fee(s) a	are submitted for filing.
Please retu	rn all correspondence concerning this r	natter to the following:
	<u>GLAD</u>	YS E. TAYLOR
		Name of Person
	GIA MANAGEMEN	t + CONSULTING LLC
		Firm/Company
	6	14 DRYDEN CIRCLE
		Address
		A, FLORIDA 32926
		City/State and Zip Code
		316@GMAIL.com
	E-mail address: (to be use	ed for future annual report notification)
For further i	nformation concerning this matter, plea	ase call:
		- 0 OW - 0 W - 0
	GLADYS E. TAYLOR ar	
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ompany is:		
EMENT + CONSULT	ING LLC ppany, "L.L.C.," or "LLC.")	
ess of the principal office of the L	imited Liability Company is	s:
Office Address:	Mailing A	address:
. COCOA, FL32926	614 DRYDEN CIR.	. COCOA F132926
nnot serve as its own Registered Are Florida registration.) ress of the registered agent are: RICHARD L-T Name 614 DRAD	AYLER JR. EN CIRCLE	2018 NOV - 2 SECRETARY FALL AHASSI
COCOA FLORIS City State	DA 32926 Zip	AM IO: 03
ereby accept the appointment as resions of all statutes relating to the tions of my position as registered	egistered agent and agree to proper and complete performagent as provided for in Cha	act in this capacity. I nance of my duties, and I
	the words "Limited Liability Contess of the principal office of the Loffice Address: Cocoa, FL32926 Registered Office, & Registered Amot serve as its own Registered Amot Florida registration.) ress of the registered agent are: Richard L. Towns Name 614 DRAD Cocoa FLORIF City State It and to accept service of process preby accept the appointment as registered as registered as registered as registered as registered as registered as regions of all statutes relating to the pations of my position as registered a	the words "Limited Liability Company, "L.L.C.," or "LLC.") ess of the principal office of the Limited Liability Company is Office Address: Mailing A COCOA, FL32926 614 DRYDEN CIR Registered Office, & Registered Agent's Signature: not serve as its own Registered Agent. You must designate a reforda registration.) ress of the registered agent are: RICHARD L-TAYLOR JR. Name 614 DRYDEN CIRCLE Florida street address (P.O. Box NOT acceptable) COCOA FLORIDA 32926

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MER	GLADYS E. TAYLOR
	GIY DRYDEN CIRCLE
	COCOA, FLORIDA 32926
	
	
(Use attachment if necessary)	
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	tons
	et or an authorized concessitative of a member
Signature of schemo This document is executed	pet or an authorized representative of a member. in accordance with section 605.0203 (1) (b). Florida Statutes.
Signature of a hemo This document is executed I am aware that any false in	in accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State
Signature of a memo This document is executed I am aware that any false in the constitutes a third degree tel	in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
Signature of a hemo This document is executed I am aware that any fulse in constitutes a third degree tel	in accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State long as provided for in s.817.155, F.S.
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Signature of a hemo This document is executed I am aware that any false into constitutes a third degree teles. S125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional)	in accordance with section 605.0203 (1) (b). Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
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Signature of a hemo This document is executed I am aware that any fulse infromstitutes a third degree telesconstitutes a third degree telesconstitutes of Organ \$ 30.00 Certified Copy (Optional)	in accordance with section 605.0203 (1) (b). Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155. F.S. OUS E. TAYLOR yped or printed name of signee Filling Fees: ization and Designation of Registered Agent 2887
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