

L1800027082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

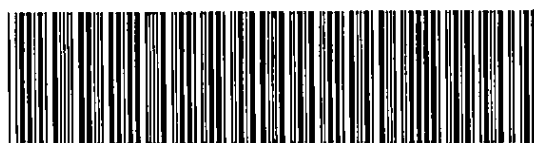
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500321162255

11/29/18--01017--005 **125.00

FILED
18 NOV 29 AM 11:50
SECRETARY OF STATE
OF ARIZONA

DEC 04 2018
C Kinsey

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Gayse Girl, 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:

David M. Platt
Name of Person

David M. Platt, P.A.
Firm/Company

2427 Periwinkle Way, Ste. B
Address

Sanibel, Florida 33957
City/State and Zip Code

david.platt@sancaplaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David M. Platt 239 472-5400
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

FAX AUDIT NO.:

**ARTICLES OF ORGANIZATION
OF
GAYSE GIRL, LLC**

ARTICLE I

NAME

The name of the limited liability company shall be Gayse Girl, LLC (the "Company").

ARTICLE II

MAILING AND STREET ADDRESS

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

1941 Crestview Circle
Excelsior, MN 55331

ARTICLE III

EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV

INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

Name

Address

Sancap Registered Agents, LLC

2427 Periwinkle Way, Ste. B
Sanibel, FL 33957

ARTICLE V

PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

FAX AUDIT NO.:

18 NOV 29 21:11:58
SECRETARY OF STATE
TAMARA L. HARRIS
LLC

FAX AUDIT NO.:

ARTICLE VI

MANAGEMENT OF THE COMPANY

The Company shall be managed by the members and is, therefore, a member-managed company. The following are the names and address of the initial members:

<u>Name</u>	<u>Title</u>	<u>Address</u>
Charles C. Hicks & Vicki Sherman, JTWROS	AMBR	1941 Crestview Circle Excelsior, MN 55331
William L. Hicks & Patricia A. Hicks	AMBR	2600 Crosby Rd. Wayzata, MN 55391

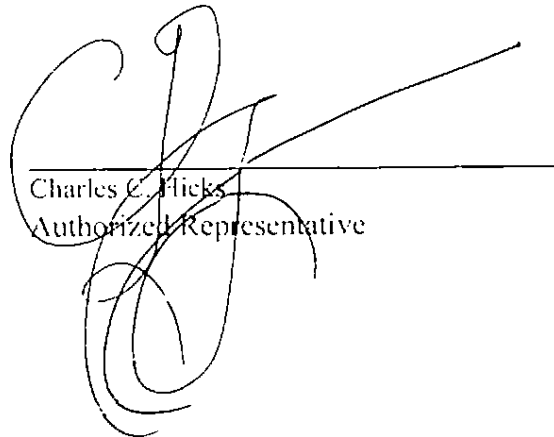
FILED
18 NOV 29 AM 11:58
CLERK OF DISTRICT COURT
ST. LOUIS, MISSOURI

ARTICLE VII

OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this ____ day of September, 2018



Charles C. Hicks
Authorized Representative

FAX AUDIT NO.:

FAX AUDIT NO.:

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: Gayse Girl, LLC.
2. The name and address of the registered agent and office is:

Sancap Registered Agents LLC
2427 Periwinkle Way, Ste. B
Sanibel, Florida 33957

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, Florida Statutes.

Sancap Registered Agents, LLC



By: Kathleen S. Platt

Its: Member

FILED
18 NOV 29 AM 11:58
CLERK OF STATE
TALLAHASSEE, FL 32310

FAX AUDIT NO.: