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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

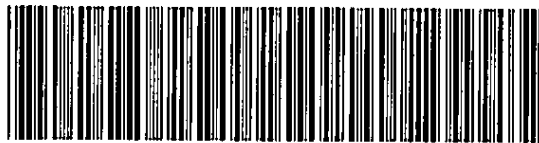
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

221000114057

Office Use Only



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08/12/21--01004--014 **60.00

09/20/21--01040--008 **65.00

FILED
TALLAHASSEE, FL

2021 SEP -8 PM 1:28

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2021

ANA QUIROGA
12954 BUCKLAND CT
WELLINGTON, FL 33414

SUBJECT: GICA HOME PROJECT LLC
Ref. Number: W21000114057

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SOLAIMINSER, FL

We have received your document for GICA HOME PROJECT LLC and your check(s) totaling ~~\$60.00~~. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you are trying to file for a new LLC. If so then you will need to send in the enclosed LLC articles of organization form and a check for \$65 dollars to cover the cost of the new LLC filing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 521A00019782

2021 SEP -8 PM 2:49

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Giga Home Project 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:

Ana Quiroga

Name of Person

Ana Quiroga

Firm/Company

12954 Buckland Ct.

Address

Wellington, Fla. 33414

City/State and Zip Code

anaquiorga842@gmail.com

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

For further information concerning this matter, please call:

Ana Quiroga at 561, 352-4972

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gida Home Project LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

12954 Buckland CT
Wellington, FL 33414

Mailing Address:

anaquiro99842@gmail.com

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:

Ana Quiroga
Name

12954 Buckland CT
Florida street address (P.O. Box **NOT** acceptable)

Wellington FL 33414
City State Zip

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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..

[Signature]
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

AMBR

MGR

Name and Address:

Ana Goiroga
12954 Buckland Ct
Wellington Fla 33414

Blanca Lilia Martinez Avila
12954 Buckland Ct
Wellington, Fla. 33414

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(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:

Ana Goiroga
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.

Ana Goiroga

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)

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