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**FLORIDA LIMITED LIABILITY CO.
GIGI'S CREATIONS & DESIGNS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
GIGI'S CREATIONS & DESIGNS, LLC**

A Limited Liability Company
Organized under the Laws of the State of Florida

ARTICLE I - NAME

The name of the limited liability company is:

GIGI'S CREATIONS & DESIGNS, LLC

ARTICLE II - ADDRESS

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

Street Address:

3607 N. MONROE ST.

#180897

TALLAHASSEE, FL 32303

Mailing Address:

3607 N. Monroe St., #180897

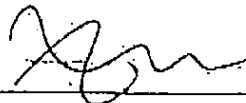
Tallahassee, FL 32303

ARTICLE III - REGISTERED AGENT AND OFFICE

The name and the Florida street address of the registered agent are:

LEGALINC Corporate Services, Inc.
5237 Summerlin Commons Blvd, Suite 400
Fort Myers, Florida 33907

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.



_____, as Registered Agent

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Articles of Organization
GIGI'S CREATIONS
& DESIGNS, LLC
Page 2 of 2

ARTICLE IV - MANAGERS

The Managers of the LLC are as follows:

Genita Alexander, MGRM
3607 N. MONROE ST.
#180897
TALLAHASSEE, FL 32303

In accordance with section 605.0201, Florida Statutes, the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.



Genita Alexander, MGRM

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LIMITED LIABILITY COMPANY FACT SHEET
(NOT used for Corporations)

1. Company Name: Gigi's Creations & Designs, LLC
 (Must end with one: LLC, L.L.C., Ltd. Liability Co., Limited Liability Company, Limited Company, Ltd. Co., L.C., LC)

2. Physical Address (NO P.O. Boxes): 3607 N. MONROE ST., #180897, tALLAHASSEE, FL 32303

3. Mailing Address: (if different from Physical Address): _____

4. Company Phone #: _____ 5. Company Fax #: _____

6. What will the Company do? Sell handmade items (apparel, decals, party favors, etc.) online and at physical locations.

7. Registered Agent Name: LEGALINC Corporate Services Inc.
 Registered Agent Address (NO P.O. Boxes): 5237 Summerlin Commons Blvd., Suite 400, Fort Myers, FL 33907

8. Owner/Member #1:
 Name: Genita Alexander
 Address: _____
 SS#: _____
 Units of Ownership: 100 (%)
 Is Member also a Manager: Yes

Owner/Member #2 (if applicable):
 Name: _____
 Address: 3607 N. MONROE ST., #180897, tALLAHASSEE, FL 32303
 SS#: _____
 Units of Ownership: _____ (%)
 Is Member also a Manager: _____

PLEASE USE AN ADDITIONAL PIECE OF PAPER IF NECESSARY

9. Does the Company have additional MANAGERS who are not owners/members? If so, please list their names and addresses below:

Name(s)	Address(es)
N/A	
N/A	
N/A	

10. Federal Income Tax Classification of LLC***: (2) Disregarded Entity
 (1) Partnership, (2) Disregarded Entity, (3) Subchapter-S, (4) Subchapter-C, (5) Other

***Note: Glantzlaw does not recommend, advise or render financial advice as part of this service. You will need to let our firm know how you would want your LLC to be taxed after consultation with your financial and/or tax professional/accountant/CPA.

11. Do you plan to hire W2 employees in your first calendar year? No

12. Will your company pay over \$4,000.00 in wages this calendar year? No

13. What is the closing month of your company's accounting year? (usually December) December

Client Signature: Genita Alexander Date: 11/19/2021

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