# L22000107029

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	s of Status
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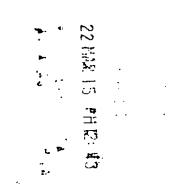
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T. SCOTT MAR 1 6 2022



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January 18, 2022

REGINA WADE 518 ADAMS STREET LAKELAND, FL 33815

SUBJECT: GIGI'S YOUNG ACHIEVERS LLC

Ref. Number: W22000005556

We have received your document for GIGI'S YOUNG ACHIEVERS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 722A00001310

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www.sunbiz.org

## **COVER LETTER**

Division of Corporations		
SUBJECT: 6:91'5 Young Name of Lin	Achievers L nited Liability Company	LC
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this nu		
Regina	Wade	
	Name of Person	
	Firm/Company	
518 Adams	SL	
	Address	_
Lakeland, F	Torida 33'	8.12
QiqiSyoungacl	viewees eg mail. Co	on)
For further information concerning this matter, please		,
Regina Wade at (S) Name of Person A	rea Code Daytime Telephone	L e 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)	
Mailing Address	Street Address	

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
(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: Mailing Address:		
518 Adams St.  Lakeland, Horida 33815  Lakeland, Florida 33802		
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:		
Regina Wade		
Florida street address (P.O. Box NOT acceptable)		
Lateland Florida 33815 City State Zip		
laving 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  Registered Agent's Signature (REQUIRED)		
(CONTINUED)		

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Racina II) and a
+1/11DIK	EIN Alami St
	Lakeland, Florida 33815
	,
(Use attachment if necessary)	
(Ose attachment in necessary)	•
ARTICLE V: Effective date, if other than the date of	filing: PTIONAL)
	ific and cannot be more than five business days prior to or 90 days after
the date of filing.)	et the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of	
·	Sinte Vicevias.
ARTICLE VI: Other provisions, if any.	•
REQUIRED SIGNATURE:	, ) .
Migh	- Weele
	iber or an authorized representative of a member.
This document is executed	d in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false i	information submitted in a document to the Department of State Telony as provided for in s.817.155, F.S.
	· · · · - · · · · · · · · · · · · · · ·
Kegin	Typed or printed name of signee
J	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

The name and address of each person authorized to manage and control the Limited Liability Company:

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-