

Division of Corporations

Florida Department of State
Division of Corporations
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Email Address: CJDURDEN78@GMAIL.COM

RECEIVED
2022 MAY 20 PM 1:19
CORPORATION
COMMERCIAL
DIVISION

**FLORIDA LIMITED LIABILITY CO.
Gimme A Minute LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

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2021 MAY 20 AM 8:00
TALLAHASSEE FL 32309

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Gimme A Minute LLC

(Must end with 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:2649 Gorda Bella Ave
St Augustine, FL 32086**Mailing Address:**2649 Gorda Bella Ave
St Augustine, FL 32086**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:

Christopher J Durden

Name

2649 Gorda Bella AveFlorida street address (P.O. Box **NOT** acceptable)St Augustine FL 32086

City

Zip

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.
Registered Agent's Signature (REQUIRED)

Christopher J Durden

(CONTINUED)

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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

Name and Address:

Christopher J Durden

2649 Gorda Bella Ave

St Augustine, FL 32086

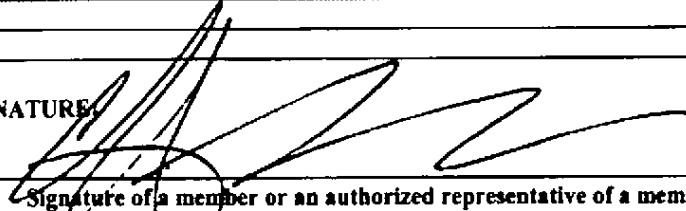
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Christopher J Durden

Typed or printed name of signer

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2021 MAY 20 AM 8:00
DEPARTMENT OF STATE
HALL OF RECORDS
1900 EAST BAY DRIVE
TALLAHASSEE, FL 32399