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(Rec	questor's Name)	-".
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(City	/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

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S. CHATHAM JUL 18 2022 22 JUL 18 AHIO: 39

MECHINED 2022 JUL 18 AM 10: 5

COV	ER LETTER		
TO: New Filing Section Division of Corporations			
SUBJECT: Gitgis LLC Name of Limi	ited Liability Company		
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this mat			
Julia Chiques	Name of Person		
	Firm/Company		
8243 charris	ngton Forest 1 Address	3/10/	
Tallahosces	FL · 32312 ty/State and Zip Code		
Tollohosee Ci- Mehagilaus Bama E-mail address: (to be used t	ior future annual report notification	on)	
For further information concerning this matter, please			
Mena Givgus at (19 Name of Person Ar	5 <u>60</u>) <u>345-083</u> ea Code — Daytime Telephone	Number	
Enclosed is a check for the following amount:			
Tis 125 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 enclos	22 JUL
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	ssee t. Suite 810	18 AH 10: 5
The second secon			Ğ :

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

rany, "L.L.C.," or "LLC.")
mited Liability Company is:
Mailing Address:
Agent's Signature:

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

Hena Charling 131 Forest 13/1/d

Florida street address (P.O. Box NOT acceptable)

Tollahosee TL 323/2

City State 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)

(CONTINUED)

The name and address of each persor	authorized to manage and control the Limited Liability Company	r.
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Charle Currie do	a a tarak
-27G)S	Shady GIYOUB - 8243 che	41-19/5n
Maa		
- 214K	Mena Cilgues 57213 Charrington Forest Blud Tallahessee (T. 3031-2	<u></u>
Mak	Capaca Circuis	
/	Searce Cirguis Servington Corest Blu Tollahorge (L. 3031)	d.
		<u> </u>
(Use attachment if necessary)		
(If an effective date is listed, the date must be the date of filing.)	tate of filing:	
the document's effective date on the Departm		
ARTICLE VI: Other provisions, if any,		
		
REQUIRED SIGNATURE:	2 01 / 1 0 0	
Signature of :	member ar an authorized representative of a member.	
This document is ex	ecuted in accordance with section 605.0203 (1) (5). Florida Statut false information submitted in a document to the Department of St	
constitutes a third de	gree felony as provided for in 8.817.155, F.S.	ac
Hemic	Typed'or printed named signed Suns, Coeol	ge Girguis
3132 HA 19 11	Filing Fees:	
\$125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Optiona	Organization and Designation of Registered Agent b	9: i. a 22 JUL
S 5.00 Certificate of Status (Op	tional)	31

ARTICLE IV-