To:

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

Phone : (305)444-4994 Fax Number

: (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C11	Address:			
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FLORIDA LIMITED LIABILITY CO. **GIG SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

D. O'KEEFE

OCT 2 5 2022

To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GIG SERVICES 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:

Mailing Address:

 9482 EASTER RD
 9482 EASTER RD

 CUTLER BAY, FL 33157
 CUTLER BAY, FL 33157

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:

Name

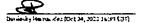
9482 EASTER RD

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

CUTLER BAY, FL 33157

City State Zin

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 603, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 OCT 24 PM 12: 51

To:

(Use attachment if necessary) LE V: Effective date, if other than the date of filing: ———————————————————————————————————	Title: "AMBR" - Autho		Name and Address:	
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Filing Fees:

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

DUNIESKY HERNANDEZ YANES
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

022 OCT 24 PH 12: 5