

L23000169496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

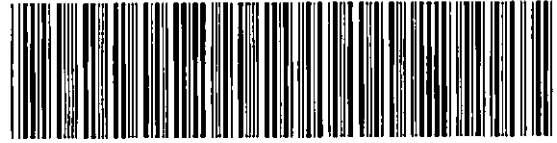
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500403501965

01 11 2012 12:00:00

2023

21 12:00:12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Gigi Printz LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacklynn Bailey
Name of Person

Gigi Printz LLC
Firm/Company

1042 Oak Street Apt A.
Address

Dunedin FL 34628
City/State and Zip Code

gigiprintz21@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacklynn Bailey at 727 515-3491
Name of Person Area Code Daytime Telephone 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)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

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

2009

APR 19: 12

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gigi Printz 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:

1042 Oak Street
Apt A
Dunedin FL 34698

Mailing Address:

1042 Oak Street
Apt A
Dunedin FL 34698

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:

Jacklynn Bailey

Name

1042 Oak Street Apt A

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

Dunedin FL 34698

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..

Jacklynn Bailey

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2008 11 21 AM 9:12
DATE

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:

Jacklyn Bailey
1042 Oak Street Apt A
Durham N 34648

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Jacklyn Bailey

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Jacklyn Bailey
Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2023 ... 21 ... 12
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Jacklynn Bailey

1042 Oak Street
Apt A
Dunedin, FL 34698
(727)515-3491
GigiPrintz21@outlook.com

10th March 2023

New Filing Section

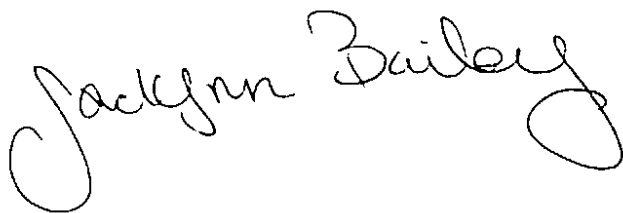
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

I don't have no plans to reinstate Document number L200291276, I am requesting that you please release the name to my new application which is enclosed.

Thank You,

Jacklynn Bailey

A handwritten signature in cursive script that reads "Jacklynn Bailey". The signature is written in black ink and is positioned below the typed name.

2023 Mar 21 AM 10:12
FBI
TALLAHASSEE

FLORIDA INDIVIDUAL ACKNOWLEDGMENT

F.S. 117.05(13)

State of Florida

County of Pinellas

The foregoing instrument was acknowledged before me by means of

☒ Physical Presence.

— OR —

☐ Online Notarization.

this 10th day of MARCH, 2023, by
Date Month Year

JACKSON BAILEY

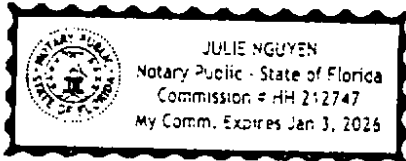
Name of Person Acknowledging

[Signature]

Signature of Notary Public — State of Florida

MICHAEL NGUYEN

Name of Notary Typed, Printed or Stamped



☐ Personally known

☒ Produced Identification

Type of Identification Produced: Florida

driver's license

Place Notary Seal Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: typed letter "new training section"

Document Date: MARCH 10th, 2023 Number of Pages: 1 2023

Signer(s) Other Than Named Above: _____

4/19/23
11:12