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Division of Corporations

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To:  
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Fax Number : (850)617-6381

From:  
Account Name : COURTACCESS CENTERS, LLC  
Account Number : 07535000541  
Phone : (813)875-1333  
Fax Number : (813)200-1050

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

Email Address: Gabbi.chase.03@gmail.com

FLORIDA LIMITED LIABILITY CO.

Gabriella Naughton LLC

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

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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Audit # H24000240136  
**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:  
**Gabriella Naughton LLC**

The mailing address and street address of the Limited Liability Company are:

**1810 E Palm Ave., 4201  
Tampa, FL 33605**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

\_\_\_\_\_  
This form was prepared with the assistance  
of CourtAccess Centers LLC, a  
non-lawyer located at 13046 Race Track Road,  
Suite 131, Tampa, FL 33626, 813-875-1333.

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**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

1810 E Palm Ave., 4201  
Tampa, FL 33605

and the name of its registered agent at such address is

Gabriella Naughton

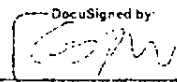
**ARTICLE VI**  
**Management**

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

**Name and Address**

Gabriella Naughton, Authorized Member  
1810 E Palm Ave., 4201  
Tampa, FL 33605

Dated: Monday, July 15, 2024

DocuSigned by  


Gabriella Naughton, Authorized Member

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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.

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ACCEPTANCE BY REGISTERED AGENT

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..

Date: July 15, 2024

Designated by:  
  
GABRIELLA NAUGHTON

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