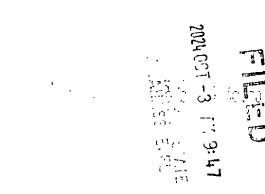
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	(Requestor's Name)
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PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
	,
Certified Copies	Certificates of Status
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COVER LETTER

	Sew Filing Sect Division of Cor							
GUD ICAN	Gabygoob	ers Holding, LLC	;					
SUBJECT: Name of Limited Liability Company							-	
The enclos	sed Articles of	Organization and	fee(s) are	submitte	d for filing.			
Please retu	ım all correspo	ndence concernin	g this ma	tter to the	following:			
	MARIA PER	EZ						
				Name o	f Person			_
	DOKUMENT	TOS INC						
				Firm/C	ompany			202
	240 CRAND	OON BLVD, SUF	TE 115					2024 CC1
	···			Add	lress			'
	KEY BISCA	YNE, FL 33149					65°	မ် - (၁)
	serphonic@h	otmail.com	Ci	ity/State a	nd Zip Code		<u> </u>	्र _ले
			be used	for future	annual report notificat	ion)	<u>!</u> ;	_~
For further	information co	ncerning this matte	er, please	call:				
	MARIA PER	EZ	30 at (744-3658			
	Nam	e of Person		rea Code	Daytime Telephon	e Number	-	
Enclosed	is a check for th	ne following amou	mt:					
□\$125.0	0 Filing Fee	□\$130.00 Filin Certificate of S		Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	S160.00 Certificate Certified ((additional c	e of Status Copy	&
	New F Divisio	g Address iling Section on of Corporations ox 6327	i		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee		

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES	OF ORGANIZATION FOR I	FLORIDA LIN	ATTED LIABILITY COMPANY		
ARTICLE I - Name:					
The name of the Limited Liabi	lity Company is:				
Gabygoobers Hol	ding, LLC				
		Liability Con	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street	address of the principal o	flice of the L	imited Liability Company is:		
Princ	ipal Office Address:		Mailing Add	ress:	
240 Crandon Blvd, Ste 115			240 Crandon Blvd, Ste 112		
Key Biscayne, FL	. 33149		Key Biscayne, FL 33149		
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stree	ny cannot serve as its own n active Florida registratio	Registered A	d Agent's Signature: agent. You must designate an in	idividual or	
	Dokumentos Inc		****		
		Name			
	240 Crandon Blvd,	Ste 115			
	Florida street addres	s (P.O. Box]	SOT acceptable)		
	Key Biscayne	FL	33149	, (V)	
	City	State	Zip	5.47	

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 l 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)

Ģ

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Chito Mama, LLC 30 N Gould St Ste R Sheridan, WY 82801	
(Use attachment if necessary)	2024 (207 -	e
(If an effective date is listed, the date must be s the date of filing.)	pecific and cannot be more than five business days prior to or 90 days af meet the applicable statutory filing requirements, this date will not be liste	-
ARTICLE VI: Other provisions, if any.	m d	
REOUIRED SIGNATURE:	Im	
This document is exec I am aware that any fal	nember or an authorized representative of a member. The state of a member of the state of the st	
MARIA PEREZ	Z 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)