

L 14000067118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

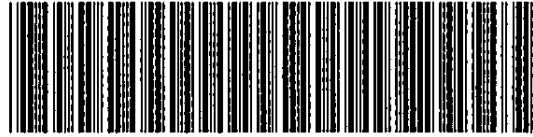
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

APR 24 2014

A. LUNT

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR 21 PM 5:48

FILED

04/21/14--01022--021 **160.00

Karlee L. Zotter
310 SE 12th Avenue
Pompano Beach, FL 33060
(954) 907-4060
klzotter@gmail.com

April 18, 2014

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

Re: Application for SheShellz LLC

FILED
2014 APR 21 PM 5:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Division of Corporations,

Enclosed are the Articles of Organization for a Florida Limited Liability Company. Also, I have enclosed check no. 2637 in the amount of \$160.00 for the filing fee, certificate of status and certified copy.

If you should have any questions or issues please feel free to contact me by phone or email as noted above.

Regards,


Karlee L. Zotter

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHESHELLZ _____
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:

Karlee L. Zotter _____
Name of Person

Firm/Company

310 S.E. 12th Avenue _____
Address

Pompano Beach, Florida 33060 _____
City/State and Zip Code

klzotter@gmail.com _____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karlee Zotter _____ at (954) 907-4060 _____
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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHESHELLZ LLC

(Must end with 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:

310 SE 12TH AVENUE
POMPANO BEACH, FL 33060

310 SE 12TH AVENUE
POMPANO BEACH, FL 33060

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SECRETARY OF STATE
FALL WALKER SEC. 167010

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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.)

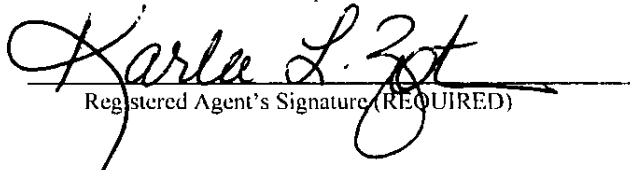
The name and the Florida street address of the registered agent are:

Karlee Zotter
Name

310 SE 12th Avenue
Florida street address (P.O. Box **NOT** acceptable)

Pompano Beach FL 33060
City 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)

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:

Karlee Zotter
310 SE 12th Avenue
Pompano Beach, FL 33060

AMBR

Marsha Painter
270 Basin Drive #2
Lauderdale by the Sea, FL 33308

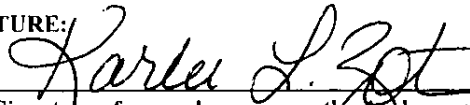
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Karlee L. Zotter

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)

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TALLAHASSEE, FLORIDA