

L14000119779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

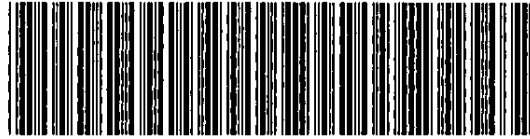
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
W14-42585

Office Use Only



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2014 JUL 30 PM 4:01  
CLERK OF STATE  
TALLAHASSEE FLORIDA

JUL 30 2014

J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2014

TIQUETTE DEMARIO WORRELLS  
6945 JULIA GARDENS DR.  
COCONUT CREEK, FL 33073

SUBJECT: SET APART PRODUCTS LLC  
Ref. Number: W14000042585

We have received your document for SET APART PRODUCTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 614A00014886

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2014 JUL 30 PM 4:01

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Set Apart products 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:

Tiquette Demario Worrells  
Name of Person

Set Apart Products LLC  
Firm/Company

6945 Julia Gardens Dr.  
Address

COCONUT CREEK, FL 33073  
City/State and Zip Code

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

For further information concerning this matter, please call:

Rio Infinity at ( 954 ) 257-3739  
Name of Person Area Code Daytime Telephone Number

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TALLHASSEE, FLORIDA  
DEPARTMENT OF STATE

FILED

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:

Set Apart Products 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:

- P.O. Box 970545  
Coconut Creek, FL 33097

Mailing Address:

Set Apart Products LLC  
6945 Julia Gardens Dr  
Coconut Creek FL 33073

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:

Athletic League of Leaders  
Name

6945 Julia Gardens Dr  
Florida street address (P.O. Box NOT acceptable)

Coconut Creek FL 33073  
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)

Set Apart Products LLC  
6945 Julia Gardens Dr  
Coconut Creek FL, 33073

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TALLAHASSEE FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

**Name and Address:**

Riquette Worrells  
6945 Julia Gardens Dr  
COCONUT CREEK FL, 33073

Rio Infinity  
6945 Julia Gardens Dr  
COCONUT CREEK FL 33073

(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.)

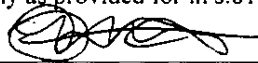
**ARTICLE VI:** Other provisions, if any.

**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.)

 Rio Infinity  
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