

L15000195738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

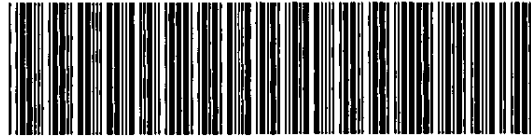
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700278591677

11/02/15--01014--013 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 NOV 23 AM 11:35

EFFECTIVE DATE 01/01/16

W15-074102

11/24/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2015

MILDRED SMITH
2106 S.W. 18TH STREET
BOYNTON BEACH, FL 33426

SUBJECT: EMPTY CLOSET WOMEN'S THEATER, LLC
Ref. Number: W15000074102

We have received your document for EMPTY CLOSET WOMEN'S THEATER, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 715A00023784

RECEIVED NOV 23 2015

October 28, 2015

New Filing Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

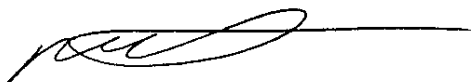
RE: Articles of Organization

For: Mildred Smith

Address: 2106 SW 18th Street

Boynton Beach, FL 33426

Phone: 561-805-0043

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Empty Closet Women's Theater, 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:

Mildred Smith
Name of Person

Empty Closet Women's Theater
Firm/Company

2106 SW 18th Street
Address

Boynton Beach FL 33426
City/State and Zip Code

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

For further information concerning this matter, please call:

Mildred Smith 561 805-0043
Name of Person at () 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 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:

Empty Closet Women's Theater, 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:

2106 SW 18th Street
Boynton Beach, FL 33426

2106 SW 18th Street
Boynton Beach, FL 33426

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:

Mildred Smith
Name

2106 SW 18th Street
Florida street address (P.O. Box **NOT** acceptable)

Boynton Beach FL 33426
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 NOV 23 AM 11:35

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

Name and Address:

Mildred Smith

2106 SW 18th Street

Boynton Beach FL 33426

(Use attachment if necessary)

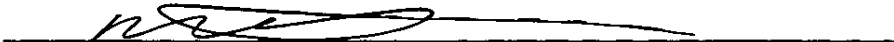
ARTICLE V: Effective date, if other than the date of filing: January 1, 2016 (OPTIONAL)

(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:



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.

Mildred Smith

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 NOV 23 AM 11:35