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COVER LETTER

TO:	Registration Sec Division of Corp		¥		
SUBJ	лест: <u>ЈОСО</u>	vie's Car	IVAS LLC ited Liability Company		
4 020		Name of Lim	ited Liability Company	,	
The e	nclosed Articles of C	organization and fee(s) ar	e submitted for filing.		
Please	e return all correspor	dence concerning this m	atter to the following:		
		Bill 1	Antar		
			Name of Person		
		Accor 3306 I	ape Coral Tax & unting Services, LLC. Del Prado Blvd. Soutloe Coral. FL 33904		_
	Bu	1Antar @Co	City/State and Zip Code OCASS Code defor future annual report	Om notification)	
For f	urther information of	oncerning this matter, ple	ase call:		
Bi	11 Antar Name of	Person	— "" \ <u> </u>	540-7600 2 Daytime Telephone Number	
Encl		the following amount:	_		
S 125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy is	Certificate of Status	&
		Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Registration s Division of Clifton Bui 2661 Execu	f Corporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

JACQUIE'S CANVAS, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

JACQUIE'S CANVAS, LLC. 2710 DEL PRADO BLVD S BOX 2-263 CAPE CORAL, FL 33904

Principal Office Address:

4511 SW SANTA BARBARA PL CAPE CORAL, FL 33914-8341

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

BILL ANTAR, CPA
CAPE CORAL TAX & ACCOUNTING SERVICES, LLC
3306 DEL PRADO BLVD, S,
CAPE CORAL, FL 33904

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)
Page 1 of 2.

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

JACQUIE WILLMAN (Managing Member) 4511 SW SANTA BARBARA PL CAPE CORAL, FL 33914-8341

ARTICLE V: Effective date, if other than the date of filing:

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

REQUIRED SIGNATURE:		
- Dacque billman		0.00
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.		10:
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.)	ක -	4:2
Jacquie Willman 11/14/2018	•	Ċ١
Typed or printed name of signee		