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| (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: | |
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COVER LETTER

| TO: | New Filing Section Division of Corporations | | | |
|-----------------|---|---------------------|--|---|
| SUBJEC | Polishing Customs, LLC | | | |
| SUBJEA | | of Limited Liabil | ity Company | |
| The enc | osed Articles of Organization and fe | e(s) are submitted | I for filing. | |
| Please re | turn all correspondence concerning t | this matter to the | following: | |
| | Susan Beck | | | |
| | | Name of | Person | |
| | | Firm/Co | empany | |
| | 138 Earl Rd | | | |
| | | Addr | ess | |
| | Inlet Beach, Fl 32461 | | | |
| | sbeck31@gmail.com | City/State an | d Zip Code | |
| | E-mail address: (to be | e used for future a | innual report notificatio | n) |
| For furthe | r information concerning this matter, | please call: | | |
| | Susan Beck | 850 at (| 585-0040 | |
| | Name of Person | | Daytime Telephone | Number |
| Enclosed | is a check for the following amount: | : | | |
| ≡ \$125. | 00 Filing Fee | us Certifi | 5.00 Filing Fee & ed Copy al 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 Div The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303 | see , Suite 810 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability | v Company is- | | | TILED | |
|--|---------------------------|--------------------------|----------------------|--------------------------------------|--|
| The name of the Emilied Endomi | y Conquany is. | | | 10 +C DH 12: 25 | |
| | | | 20 | 24 MAR 26 PM 12: 25 | |
| Polishing Customs LI | LC. | | | STATE STATE | |
| (Must conta | in the words "Limited | Liability Company, | "L.L.C.," or "LLC.5" | FOR LARY OF STATE TALL LASSEE, FL | |
| ARTICLE II - Address: | | | | 17. | |
| The mailing address and street ad | ldress of the principal o | ffice of the Limited | Liability Company is | s: | |
| Princips | al Office Address: | | Mailing A | Address: | |
| 138 Earl Rd | | 138 | Earl Rd | | |
| Inlet Beach | | | Beach | | |
| Florida 32461 | | Flor | Florida 32461 | | |
| The name and the Florida street a | Susan Beck | Name | | _ | |
| | 138 Earl Rd | | | _ | |
| | Florida street addres | s (P.O. Box <u>NOT</u> a | cceptable) | | |
| | Inlet Beach | FI 32 | 2461 | | |
| | iiiici izcucii | | n' | _ | |
| | City | State | Zip | | |

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Susan Beck MGR 138 Earl Rd. Inlet Beach, FL 32461 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: March 20, 2024 (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.

Susan Beck

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)