

LB1 000009202

May 16, 2001

Registration Section
Division of Corporations
Post Office Box 637
Tallahassee, FL 32314

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-05/21/01--01122--001
****130.00 ****130.00

Ladies and Gentlemen:

Please find enclosed the Articles of Organization for Florida Limited Liability Company
and applicable check for filing fees, including the optional Certificate of Status.

W01-11865

The Registered agent for Closet Magic of Florida LLC:

Gail E. Stewart
827 Azure Avenue
Wellington, FL 33414
(561) 753-5508

If anything further is needed, please do not hesitate to contact me at your convenience.

Sincerely,



Gail E. Stewart

FILED
01 JUN -8 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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6/8



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 24, 2001

GAIL E STEWART
827 AZURE AVE
WELLINGTON, FL 33414

SUBJECT: CLOSET MAGIC OF FLORIDA LLC
Ref. Number: W01000011865

We have received your document for CLOSET MAGIC OF FLORIDA 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.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 001A00032065

FILED
01 JUN -8 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Closet Magic of Florida LLC

ARTICLE II - Address:

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

827 Azure Ave
Wellington Fl. 33414

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

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

Gail E Stewart

Name

827 Azure Ave

Florida street address (P.O. Box **NOT** acceptable)

Wellington

FL

33414

City, State, and 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 608, F.S..



Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gail E Stewart

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

FILED
01 JUN -8 AM 10:19
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-10-19 BY 60322