Requester's Name Pure Art 54055 Atlantic Blud Atl. Bch. Fl. 32235

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name)	(Document #) *****125.00 *****125.00
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(Corporation Name)	(Document #)
3(Corporation Name)	
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Copy
Mail out Will wait	Photocopy
NEW FILINGS	AMENDMENTS AMENDMENTS
Profit Not for Profit	
Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark
	Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Dice Pat 110
ADTICLE II Add To Land
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
3405 ATCANTIC ISLUD
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Rachel Bustin
Name
5405 Atlantic Blud. Florida street address (P.O. Box NOT acceptable)
Atl 0 i
Florida street address (P.O. Box NOT acceptable) HH. Bch. FL 322.3.3 City, State, and Zip
City, State, and Zip
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.
Cachel Kull
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)
Lach of the
Signature of a member or an authorized representative of a member.
- Table 1 Ta
(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.)
Rachel Austin
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)