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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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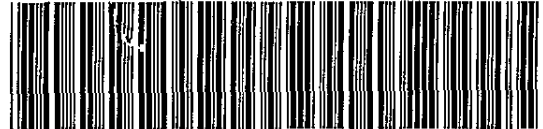
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

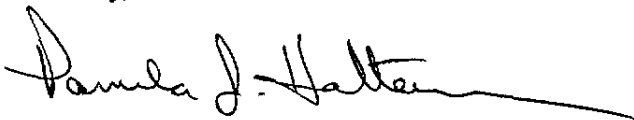
Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached, please find Articles of Organization concerning the following company along with members name and addresses.

Company Name: Florida Cool Breeze Fashions, LLC
Registered agent: Pamela J. Halterman
Address: 2340 Plantation Lake Drive
St. Augustine, Florida 32084
Phone: 904-827-1006

Sincerely,



Pamela J. Halterman
Registered Agent for
Florida Cool Breeze Fashions, LLC

Cc: L. Cannon
File

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Florida Cool Breeze Fashions, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
2340 Plantation Lake Drive, St. Augustine, Florida 32084

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

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

Pamela J. Halterman
Name
2340 Plantation Lake Drive
Florida street address (P.O. Box NOT acceptable)
St. Augustine, FL 32084
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Pamela J. Halterman
Registered Agent's Signature

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

Lavonia A. Cannon
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.)

Lavonia A. Cannon

Typed or printed name of signer

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)