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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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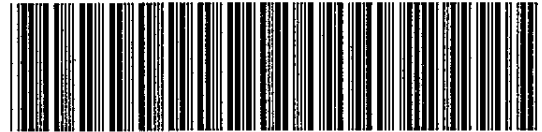
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Acknowledgement

DCC

W. P. Verifier

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2004 AUG 15 A C 04

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New for You Consignment Shoppe, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Dawson
(Name of Person)

New for You Consignment Shoppe, LLC
(Firm/Company)

7991 Apple Blossom Dr.
(Address)

Lakeland, FL 33810
(City/State and Zip Code)

For further information concerning this matter, please call:

Lori Dawson at (863) 853-1555
(Name of Person) (Area Code & Daytime Telephone Number)

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2004 AUG 16 A 8:45
TALLAHASSEE, FL
SECRETARY OF STATE

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

New For You Consignment Shappe, LLC

ARTICLE II - Address:

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

Principal Office Address:

2929 Duff Rd.
Lakeland, FL 33810

Mailing Address:

2929 Duff Rd.
Lakeland, FL 33810

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

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

Lori Dawson
Name

7991 Apple Blossom Dr.
Florida street address (P.O. Box **NOT** acceptable)

Lakeland, FLORIDA 33810
City, State, and Zip

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TALAMON

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, Florida Statutes..

Lori Dawson
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Lori Dawson
7991 Apple Blossom Dr.
Lakeland, FL 33810

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Lori Dawson
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.)

Lori Dawson
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)

2009 AUG 16 A 8:45
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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