

LO5000029422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

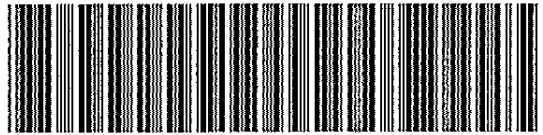
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05 MAR 24 PM 3:59
TALLAHASSEE, FLORIDA

3-24-05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: La Petite Savonnerie - The Little Soap Factory 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:

Annemarie Monique Taylor
(Name of Person)

La Petite Savonnerie - The Little Soap Factory LLC
(Firm/Company)

108- A Birch Circle
(Address)

Eglin AFB, Florida, 32542
(City/State and Zip Code)

For further information concerning this matter, please call:

Annemarie Monique Taylor at (850) 651-3874
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

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

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05 MAR 24 PM 3:59
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 17, 2005

ANNEMARIE MONIQUE TAYLOR
LA PETITE SAVONNERIE-THE LITTLE SOAP FAC
108-A BIRCH CIR
EGLIN AFB, FL 32542

SUBJECT: LA PETITE SAVONNERIE-THE LITTLE SOAP FACTORY
Ref. Number: W05000013972

We have received your document for LA PETITE SAVONNERIE-THE LITTLE SOAP FACTORY and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 205A00018494

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

La Petite Savonnerie - The Little Soap Factory LLC

ARTICLE II - Address:

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

Principal Office Address:

108-A Birch Circle
Eglin AFB, FL 32542

Mailing Address:

108-A Birch Circle
Eglin AFB, FL 32542

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

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

Annemarie Monique Taylor

Name

108-A Birch Circle

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

Eglin AFB, FL 32542

FL

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

(CONTINUED)

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ALABAMA SECRETARY OF STATE

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

Annemarie Monique Taylor

108-A Birch Circle

Eglin AFB, FL. 32542

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Annemarie Monique Taylor
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.)

Annemarie Monique Taylor
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)

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