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(Cit	y/State/Zip/Phone	#)
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Co				
SUBJECT: Shoe I	Bliss LLC			
	(Name of Limite	d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Jennifer M	Hendrix			, s, .
	(Name of Person)		•
116 Palm E	Bay Blvd			
		Firm/Company)		
Panama C	City Beach			
		(Address)		* .
Florida, 32	2408			-
	(City	/State and Zip Code)	Z.S.	05
For further information	concerning this matter, please	call:	CALLARY LALLARY	05 JAN 13 AM11: 16
Jennifer Hendrix		at (850) 258-489	9 : 생각 	<u></u>
(Name	of Person)	(Area Code & Daytime T	elephone Number)	=
Enclosed is a check for	or the following amount:		ATA ADA	6
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations	Street/Courier Addres Registration Section Division of Corporatio		

P.O. Box 6327 Tallahassee, FL 32314

Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:
Shoe Bliss LLC	
(Must end with the words "Limited Liability Company, "Limi	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
116 Palm Bay Blvd	same
Panama City Beach, FL 32408	7.0
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Jennifer M Hendrix Name	registered agent are:
116 Palm Bay Blvd	
	idress (P.O. Box NOT acceptable)
Panama City Beach	FL 32408
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all verformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

"MGRM" = Managing Member Michael Hendrix 118 Palm Bay Blvd Panama City Beach, FL 32408 (Use attachment if necessary) (Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:	<u>Title:</u> "MGR" = Manager	Name and Address:	
118 Palm Bay Blvd Panama City Beach, FL 32408 CLE V: Effective date, if other than the date of filing:		-	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OFFICIAL)	MGRM	Michael Hendrix	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		118 Palm Bay Blvd	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		Panama City Beach, FL 32408	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		<u> </u>	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL)			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	The second secon		. ÷
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL)			_
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	(Use attachment if necessary)	100	
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en effective date is listed, the date must be specific and cannot be more than five business days p r 90 days after the date of filing.)		specific and cannot be more than five business d	lays p

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.)

Jennifer M Hendrix

Typed or printed name of signee

Filipe 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)