

LO6000037076

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

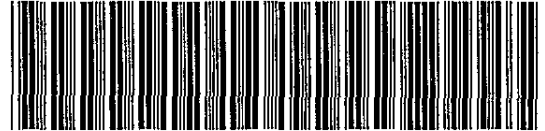
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/17/06--01037--020 **160.00

N. Outigan APR 10 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ilyshka Inventions 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:

Iлона Grabarczyk
(Name of Person)

Ilyshka Inventions LLC.
(Firm/Company)

229 N. Lakeshore Dr.
(Address)

Hypoluxo FL 33462
(City/State and Zip Code)

For further information concerning this matter, please call:

Iлона Grabarczyk at (561) 351-3850
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2006

ILONA GRABARCZYK
229 N. LAKESHORE DRIVE
HYPOLUXO, FL 33462

SUBJECT: ILUSHKA INVENTIONS LLC.
Ref. Number: W06000003230

We have received your document for ILUSHKA INVENTIONS LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 106A00004740



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2006

ILONA GRABARCZYK
229 N. LAKESHORE DRIVE
HYPOLUXO, FL 33462

SUBJECT: ILUSHKA INVENTIONS LLC.
Ref. Number: W06000003230

We have received your document for ILUSHKA INVENTIONS LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The effective date is not acceptable since it is not within five working days of the date of receipt.

This document was received on 01/17/06 therefore the effective date can only be 5 business days prior to that date.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 106A00004740

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ilushka Inventions LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

229 N. Lakeshore Dr.
Hypoluxo FL 33462

Mailing Address:

229 N. Lakeshore Dr
Hypoluxo FL 33462

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

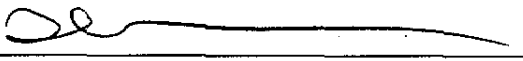
Iloha Grabarczyk
Name

229 N. Lakeshore Dr.
Florida street address (P.O. Box **NOT** acceptable)

Hypoluxo FL 33462
City, State, and Zip

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06 APR 10 PM 2:57
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

Iлона Grabarczyk
729 N. Lakeshore Dr
Hydrexo FL 33467

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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.)

Iлона Grabarczyk
Typed or printed name of signee

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06 APR 10 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)