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#### **COVER LETTER**

TO:

Registration Section

Division of Corporations SUBJECT: \_Azurie Design Studio 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: Robert Charles Justin Patiño-Porter (Name of Person) Azurie Design Studio LLC. (Firm/Company) 4098 Middlebrook Rd. Apt 1023 (Address) Orlando, Florida 32811 (City/State and Zip Code) For further information concerning this matter, please call: Robert Charles Justin Patiño-Porter (Name of Person) Enclosed is a check for the following amount: ☐ \$160.00 Filing Fee, ☐ \$155.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street/Courier Address Mailing Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

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:

Azurie Design Studio LLC. (Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4098 Middlebrook Rd. Apt 1023	4098 Middlebrook Rd. Apt 1023
Orlando, Florida 32811	Orlando, Florida 32811
	**************************************
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of the Robert Charles Justin Page 19 (2015)	334
Name	
4098 Middlebrook Rd. A	Apt 1023
L. C.	t address (P.O. Box NOT acceptable)
Orlando, Florida 32811 City, Sta	FL ate, and Zip
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Robert Charles Justin Patiño-Porter	
	2006 AU SECRE	
(I for the formal if the same )	TARY CASSEE	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date	e of filing: WA (OPTIONAL)	
(If an effective date is listed, the date must be spet to or 90 days after the date of filing.)	ecific and cannot be more than five business days prior	
<u>required</u> signature: /		
Manual Transfer of the Control of th		
(In accordance with section	an authorized representative of a member.  608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	
that the facts stated herein	are true.)  ES JUSTIN PATINO - PORTER  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)