

L06050108344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

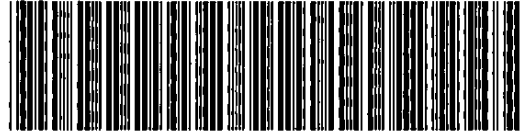
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
06 NOV -8 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/08/06--01015--004 **\$155.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 NOV -8 AM 11:06
TO ADDITIONAL
SUFFICIENCY OF FILING

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

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TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- SAFETY WITH STYLE, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
SAFETY WITH STYLE, LLC.
a Florida Limited Liability Company**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I
Name of Company**

The name of the limited liability company (hereinafter referred to as the "Company") is:
Safety With Style, LLC.

**ARTICLE II
Address of Company**

The mailing address and street address of the principal office of the Company is: 4535 Domestic Avenue, Suite D, Naples, Florida 34104.

**ARTICLE III
Registered Agent and Office**

The name of the Company's initial registered agent in Florida is: Abbie Sladick; and the address of the Company's registered agent in Florida is: 4535 Domestic Avenue, Suite D, Naples, Florida 34104.

Dated this 1st day of November, 2006.

Abbie Sladick
Abbie Sladick, Member

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above-stated Company, at the place designated in these Articles of Organization, the undersigned hereby agrees to act as registered agent, and states that the undersigned is familiar with, and accepts, the obligations of registered agent as provided for under applicable Florida statutes.

Dated this 1st day November, 2006.

By: Abbie Sladick
Abbie Sladick, Registered Agent