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| Certified Copies        | _ Certificates          | of Status |
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| Special Instructions to | Filing Officer:         |           |
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DIVISION OF CORPORATIONS
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## **COVER LETTER**

| TO: Registration So<br>Division of Co   |   |  |  |
|---|---|--|--|
| SUBJECT:                                | Blessed (   | Gifts 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:   |  |
|   | Ter   | ry Demings   |  |
| *************************************** | (   | Name of Person)  |  |
|   |   |  | 07 JAH -2 PH 3: 50   |
|   | (   | (Firm/Company)   |  |
|   | 1377 Vid  | ckers Lake Drive   | -2   |
|   |   | (Address)  | P  |
|   | Ocoee   | e, Florida 34761   | ယ္ က   |
|   | (City   | /State and Zip Code)   | ő  |
| For further information                 | concerning this matter, please  | call:  |  |
| Terry                                   | Demings   | - 444 \  | 5-7374   |
| (Name                                   | of Person)  | (Area Code & Daytime To  | elephone Number)   |
| Enclosed is a check for                 | or 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|   | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: **Blessed Gifts 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: Mailing Address:** 1377 Vickers Lake Drive 1377 Vickers Lake Drive Ocoee, Florida 34761 Ocoee, Florida 34761 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: Renee Demings Name 1377 Vickers Lake Drive Florida street address (P.O. Box NOT acceptable) Ocoee, FL 34761 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..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member   | Name and Address:  |                  |
|--|--|------------------|
| RENEE DEMINGS MGR  | 1377 Vickers Lake Drive  |                  |
| California de la calencia del calencia de la calencia del calencia de la calencia del la calencia de la calenci | Ocoee, Florida 34761   |                  |
| Terry Demings MGR  | 1377 Vickers Lake Drive  | o Ek             |
|  | Ocoee, Florida 34761   | 1 JA 15164       |
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| (Use attachment if necessary) LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)  | the date of filing: 10/2007. (OPTION st be specific and cannot be more than five business da | IAL)<br>ays prio |
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| LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)  REQUIRED SIGNATURE:   |  | IAL)<br>ays prio |
| LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a me (In accordance with of this document of this document of the date  | st be specific and cannot be more than five business da                                      | IAL)<br>ays prio |

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)