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(Re	equestor's Name)			
(Ad	ldress)			
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(City/State/Zip/Phone #)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
, (Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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COVER LETTER

TO: Registration Security Division of Cor			
SUBJECT: The Be	eading Boutique, L	LC	
	(Name of Limite	d Liability Company)	_
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
S. Kirby M	Moncrief, Esq.		
	(Name of Person)	
Stenstrom	n, McIntosh, Colb	ert, Whigham & P.	artlow, P.A.
	(Firm/Company)	
1001 Hea	athrow Park Lan	e, Suite 4001	1
		(Address)	SEI 200.
Lake Ma	ry, FL 32746		2001 APR 12 SECRETARY VLLAHASSE
	(City	/State and Zip Code)	
For further information of	concerning this matter, please	call:	P 3: P 3: E. FLOR
Meg Intagliata		at (407) 322-217	3: 49 71 ATE
	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	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, 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 Corporation 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:		
The Beading Boutique, LLC (Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
3651 Thompson Road Lake Mary, FL 32746	3651 Thompson Road Lake Mary, FL 32746	
	egistered agent are: PRETARY OF STATE OF STA	<u>ー</u> フ
Lake Mary, City, State, a	FL 32746 nd Zip	
registered agent and agree to act in this capacity statutes relating to the proper and complete per	his certificate, I hereby accept the appointment of I further agree to comply with the provisions rformance of my duties, and I am familiar with tered agent as provided for in Chapter 608, F.	t as s of all s and

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Michelle Preusch 3651 Thompson Road Lake Mary, FL 32746 (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

Typed or printed name of signee

Filing Fees:

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

Michelle Preusch

that the facts stated herein are true.)

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