

L08000003576

(Requestor's Name)

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01/11/08--01005--006 **160.00

Effective Date 1/1/08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN - 8 PM 2:28

B. Tedlock JAN 11 2008

Fax Cover Page

of pages
including this one: 4

ATTENTION: **Linda Tadlock**
C/O: Registration Section
Division Of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245 - 6051/work
(850) ~~714 - 8779~~/fax
245 - 6030

FROM: Cassandra D. Davis
PO Box 1964
Fort Pierce, FL 34954
(772) 519 - 0543

RECEIVED
08 JAN - 8 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Here is a faxed copy of my Articles Of Organization For Florida LLC
paperwork. The hard copy is being sent via next day (express) mail.
Please list the effective date (ARTICLE V) as 01/01/08. Thank you, in
advance for your assistance, as it is GREATLY appreciated.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Under The Guise Of The Badge, 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:

(Name of Person)

Under The Guise Of The Badge, LLC.

(Firm/Company)

PO Box 1964

(Address)

Fort Pierce, FL 34954

(City/State and Zip Code)

For further information concerning this matter, please call:

Cassandra D. Davis

(Name of Person)

at (**772**) **519-0543**

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Under The Guise Of The Badge, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

Under The Guise Of The Badge, LLC.

785 Bent Creek Drive

Fort Pierce, FL 34947

Mailing Address:

Under The Guise Of The Badge, LLC.

PO Box 1964

Fort Pierce, FL 34954

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:

Cassandra D. Davis

Name

785 Bent Creek Drive

Florida street address (P.O. Box **NOT** acceptable)

Fort Pierce, FL 34947

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..

Cassandra D. Davis

Registered Agent's Signature (REQUIRED)

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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 _____

Cassandra D. Davis _____

785 Bent Creek Drive _____


Fort Pierce, FL 34947 _____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2008 (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.)

Cassandra D. Davis _____

Typed 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)