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PICK-UP	WAIT	MAIL
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Certified Copies	Certifica	tes of Status
Special Instructions to	Filing Officer:	
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DEPARTMENT OF STATE OF CORPORATIONS TALLAHASSEE, FLORIDA

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08 AUG 21 AH II: SECRETARY OF ST FALLAHASSEE, FLO

STATE

M. THOMAS

ANG 21 2008

EXAMINE 37

TO: Registration Sec Division of Cor			
SUBJECT: (A)+		FA Shop  I Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
Krist	en Sou	Name of Person)	<u>.</u>
Ultim	rate Gif	Shop Shop	
1347	Alshire C	(Address)	
Tallo	nåssee (city)	State and Zip Code)	<u> </u>
	(City)	State and Zip Code)	,
For further information c	oncerning this matter, please c	all:	
Kristen	Douders	at ( <u>850</u> ) <u>942 –</u> (Area Code & Daytime Tel	enhane Numbert)
· ·	i i ciaony	(Area Code & Daytine Tel	chione Manner
Enclosed is a check for	the following amount:		ARE AUG
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S16600 Filing Fea. 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	s .

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

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

# **ARTICLE II - Address:**

**Principal Office Address:** 

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

**Mailing Address:** 

RTICLE III - Registered Agent, Registered Office, & Registered Agent. He Limited Liability Company cannot serve as its own Registered Agent. You must designate an	individual or another
ousiness entity with an active Florida registration.)	<b>₽</b> .
he name and the Florida street address of the registered agent are:	£6 8
Hristen Souders	AHA AUG
Name	21 21 SSE SSE
1347 Alshire Ct	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Florida street address (P.O. Box NOT acceptable	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Mana	ager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Kristen Souders 1347 Alshire Ct Tallahassee 19 32317
MGRM	Patricia Giese 1347 Alshive Ct Tallahassee FL 32317
· .	
·	08 AU
(Use attachment if necessary)	ASSET
ARTICLE V: Effective date, if other than the control of the date of the date of filing.)	ist be specific and cannot be more than first business day
REQUIRED SIGNATURE:	

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

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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