

LD9000035762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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4/15/09



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 14 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lil' Bit's Consignments, 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:

Susan Goff

(Name of Person)

Lil' Bit's

(Firm/Company)

4980 S. Ferdon Blvd

(Address)

Crestview, FL 32536

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Goff

(Name of Person)

at

850) 682-8635

(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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR LIL' BIT'S CONSIGNMENTS, LLC

ARTICLE I: Name

The name of the limited liability company is to be Lil' Bits Consignments, LLC.

ARTICLE II: Address

Mailing Address-4980 S. Ferdon Blvd., Crestview, FL 32536

Street Address of Principal Office-4980 S. Ferdon Blvd. Crestview, FL 32536

ARTICLE III: Registered Agent, Registered Office, & Registered Agent's Signature

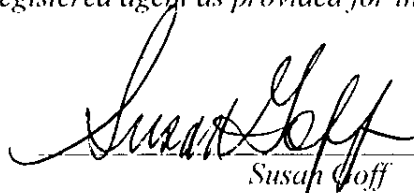
The name and the Florida street address of the registered agent are:

Susan Goff

4728 Meadow Lake Dr.

Crestview, FL 32539

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the 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.



Susan Goff

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TALLAHASSEE, FLORIDA

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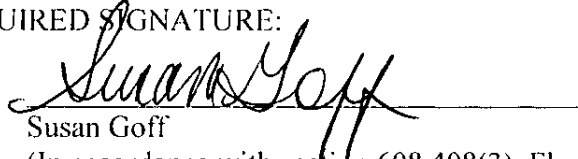
ARTICLE IV: Manger(s) or Managing Member(s)

The name and address of each Manger or Managing Member is as follows:

<u>Title</u>	<u>Name and Address</u>
MGR	Susan Goff 4728 Meadow Lake Dr. Crestview, FL 32539
MGRM	Kristina Ruud 1237 Chestnut Ave. Crestview, FL 32539

ARTICLE V: Effective date is April 15, 2009.

REQUIRED SIGNATURE:



Susan Goff

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

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