

W09000088374

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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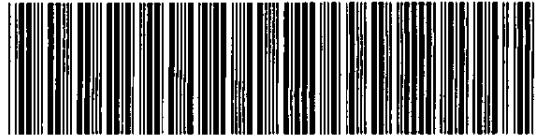
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SECRETARY OF STATE
DIVISION OF CORPORATION

RA-PO Box

W09-37282

COVER LETTER

Date: 9/8/09

TO: Registration Section
Division of Corporations

SUBJECT: Carolyn's Freaky Tiki Hutt, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

C. Christine Smith
C. Christine Smith, Attorney At Law, LLC
PO Box 1037
Tampa, Florida 33601

For further information concerning this matter, please call:

C. Christine Smith, Esq.
813- 967-1829

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
- ☐ \$ 30.00 Certified Copy (Optional)
- ☐ \$ 5.00 Certificate of Status (Optional)

Total: \$160.00

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Carolyn's Freaky Tiki Hutt, LLC

ARTICLE II - Address:

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

Principal Office Address:
1001 U.S. Hwy 92 West
Seffner, Florida 33584

Mailing Address:
1001 U.S. Hwy 92 West
Seffner, Florida 33584

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DIVISION OF CORPORATIONS
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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:
C. Christine Smith, Esq.
3522 Sam Allen Oaks Circle
Plant City, Florida 33565

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)

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:

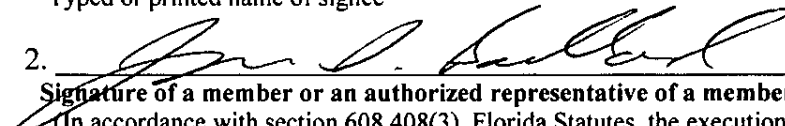
Managing Member – Carolyn L. Ballard

Managing Member - Jason D. Ballard

REQUIRED SIGNATURE:

1. 
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.)

Carolyn L. Ballard
Typed or printed name of signee

2. 
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.)

Jason D. Ballard
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)