L09000105389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600162286986

11/02/09--01020--021 **160.00

EFFECTIVE DATE 11/1/09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -2 AM 10:08

B. KOHR

NOV 3 2009

EXAMINER

COVER LETTER

EFFECTIVE DATE 11/1/09

TO: **Registration Section**
Division of Corporations

SUBJECT: The Coloured People Tattoo Company LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -2 AM 10:08

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tim Avery
Name of Person

The Coloured People Tattoo Company
Firm/Company

1325 E Grey Rd
Address

Lakeland, FL 33801
City/State and Zip Code

THEAPIERCEDIT@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thea Hemzlmeir at (863) 458 9500
Name of Person 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

EFFECTIVE DATE 11/1/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -2 AM 10:08

The Coloured People Tattoo Company 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:	**Mailing Address:**
1325 E Gray Rd Lakeland FL 33801	(Same)

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:

DorThea L. Heinzlmeir
Name

1325 E Gray Rd
Florida street address (P.O. Box **NOT** acceptable)

Lakeland FL 33801
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..

DorThea L. Heinzlmeir
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: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR	Dorthea Heinzlmeir PO Box 2117 Eaton Park FL 33840
MGRM	Tim Avery 6010 Lakehurst st. Lakeland FL 33809

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1 NOV 09. (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.)

DORTHEA L. HEINZLMEIR
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)