

L10000005474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

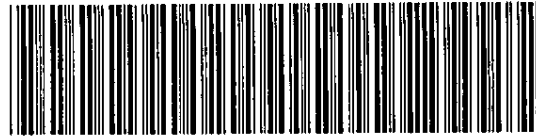
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W09-53639

Office Use Only



000162519020

01/15/10--01006--008 \*\*130.00

10 JAN 15 PM 2:46  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. T. J. JAN 15 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Over the Rainbow Lotions and Motions  
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:

Alison Cambisios  
Name of Person

Over the Rainbow Lotions and Motions  
Firm/Company

128 Rosewood Circle  
Address

Jupiter, FL 33458  
City/State and Zip Code

lotionmotions@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alison Cambisios at ( 561 ) 746-5571  
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

**DEPARTMENT OF EDUCATION  
VOCATIONAL REHABILITATION SERVICES  
AUTHORIZATION AND BILLING INVOICE**

Return To: VOCATIONAL REHABILITATION  
4362 NORTHLAKE BLVD STE 117  
PALM BEACH GARDENS, FL 334100000  
(561) 624-6957

INVOICE #: **EKAD746**  
EXP. OPTION : A3  
GRANT #: B2700

FOR : Ms. Alison Cambisios  
128 ROSEWOOD CIRCLE  
JUPITER, FL 334585539

ID#: VR0484140 CASE # 01

VENDOR : VF593466865008  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 323140000

MEDICAID NO :  
INSURANCE CO : Anthem  
POLICY NO : YR685M60217  
OBJECT CODE : 252019  
ORG. CODE : 48800205507  
FUND CODE : 10

SERVICE TO BE PROVIDED :	FEE CODE	AUTHORIZED AMOUNT	BILLED AMOUNT
Pursuant to Rule 60A-1.030(3)(d)viii and 60A-1.032(1)(g)&(h) the following transaction(s) are not subject to the one percent transaction fee.			
0001 OTHER SERVICES NEC	G30200	\$130.00	
Item/Hour	1 @	\$130.00	
12/01/2009			
L.L.C. Application for Filing Fee & Certificate of Status			
Total amount:	\$130.00	Customer share: (0%) \$0.00	VR share: (100%) \$130.00

**If total amount differs, the customer share will not exceed 0%.**

STATE TAX EXEMPT # : Customer share: (0%) \$0.00 TOTAL BILLED TO VR: \$130.00

85-801-2631862C-24

5604 12/01/2009

Karie Bliss

CO #

DATE

SUPERVISOR APPROVAL

DATE

COUNSELOR APPROVAL FOR PAYMENT

DATE

**VENDOR COPY  
Keep for your records  
Do NOT Return**

ALL SERVICES WERE PROVIDED IN CONFORMANCE WITH SECTION 504 OF REHABILITATION ACT AND WITHOUT REGARD TO THE CLIENT'S RACE, COLOR, DISABILITY OR NATIONAL ORIGIN AS REQUIRED BY TITLE VI OF THE CIVIL RIGHTS ACT.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2009

VOCATIONAL REHABILITATION  
4362 NORTHLAKE BLVD STE 117  
PALM BEACH GARDENS, FL 33410

SUBJECT: OVER THE RAINBOW LOTIONS AND NOTIONS L.L.C.  
Ref. Number: W09000053639

We have received your document for OVER THE RAINBOW LOTIONS AND NOTIONS L.L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$130.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Enclosed please find the signed authorization and billing invoice as you requested.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock  
Senior Section Administrator

Letter Number: 909A00037593

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Over the Rainbow Lotions and Notions L.L.C.

(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:**

128 Rosewood Circle  
Jupiter, FL 33458

**Mailing Address:**

same  
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:

Alison Cambisias  
Name

128 Rosewood Circle  
Florida street address (P.O. Box **NOT** acceptable)  
Jupiter FL 33458  
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..*

Alison Cambisias  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

10 JAN 15 PM 2:44  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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

MGR (owner)

**Name and Address:**

Alison Cambisios  
128 Rosewood Circle  
Jupiter, FL 33458

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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:**

Alison Cambisios

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.)

Alison Cambisios

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)**