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(Requestor's Name)

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(City/State/Zip/Phone #)

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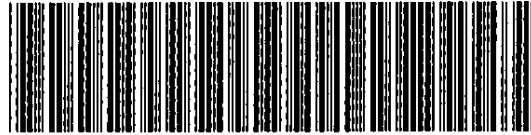
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B. KOHR
APR 29 2010
EXAMINER

FILED
10 APR 29 PM 1:36
SECRETARY OF STATE
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

InStyle Accessories, LLC

FILED STATE
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- ☒ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☐ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☐ Cert. Copy _____
- ☒ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____

Signature _____

Requested by: BAN
Name Date 4/29 Time AM

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

10 APR 29 PM 1:36

ARTICLE I – Name

The name of the limited liability company is InStyle Accessories, LLC.

ARTICLE II – Address

The street address of the principal office of the limited liability company is 1820 State Road 13, St. Johns, FL 32259 and the mailing address of the limited liability company is c/o Joan McCutcheon, 1009 Gammon Court, St. Johns, FL 32259.

ARTICLE III – ENTITY CLASSIFICATION

This limited liability company is electing to be classified as an association taxable as a corporation.

ARTICLE IV – Registered Agent

The name of the registered agent Debra H. Chrystie and the Florida street address of the registered agent is 1820 State Road 13, St. Johns, FL 32259.

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.


DEBRA H. CHRYSTIE, Initial Registered Agent

ARTICLE V – Member

The name and address of the sole Member is : Joan R. McCutcheon, 1009 Gammon Court, St. Johns, FL 32259.

(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.)


JOAN R. McCUTCHEON, Sole Member