(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

G. MCLEOD JUL 3 0 2010 **EXAMINER**



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COVER LETTER

TO: Registration Division of C			
SUBJECT:		Gree LLC d Liability Company	
The enclosed Articles of	of Organization and fee(s) are su	abmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	Terra f	Richardson	
	- 1	Name of Person	
· · · · · · · · · · · · · · · · · · ·	<u> </u>	Firm/Company	
	0100 Kay Ave.	#1 Tallahas	se, FL 3230
	Talla	Massey, FL 35 State and Zip Code	2301
	tionesta	Thanotmail.	com
For further information	concerning this matter, please	call:	
Terra Ri	chardSDN of Person	at (904) 556 - Area Code & Daytime Telep	hone Number
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Cl Tallahassee, FL 32301	ircle .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Glam & Fie (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Tailahasse, FL 32301	Same
Tallahassee	gistered agent are: Chercleon ARRY SERVICE ARRY A

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)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Manag	ing Member	Name and Address:
MGRM		Terra Richardson 1660 Kay Ave, #1 Tallahassee, F1 32301
<u> </u>		
	iecessary)	
(Use attachment if n		
LE V: Effective date fective date date days after the date	, the date must be sp of filing.)	e of filing: (OPTIO ecific and cannot be more than five business of
LE V: Effective date fective date date days after the date REQUIRED SIGN	, the date must be sp of filing.)	e of filing: ecific and cannot be more than five business of the control of the

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)