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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Deadlebugs Embridery Baylque U.C. Jame 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:
Leigh Ann Rawlins Name of Person Dowlle buse Englished Brudians
Firm/Company
2029 Jason Dr
Cantonment H. 32533 City/State and Zip Code
E-mail address; to be used for future annual report notification)
For further information concerning this matter, please call:
Leigh Ann Rawlins at (850) 479-1988 3 Area Code & Daytime Telephone Number 3
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dodle bugs Enbrident Boulique UC. (Must end with the words "Limited Liability Jompany, "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:
2029 Jason Dr. 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: Leigh Ann Rawlins Name
Florida street address (P.O. Box NOT acceptable) Cantonmen+ FL 32533
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.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 28/11

ARTICLE I - Name:

The name of the Limited Liability Company is:

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Leigh Ann Rawlins 2029 Jason Dr. Cant. Fl. 32533
<u> </u>	
	
(Use attachment if necessary)	ł I
	te of filing: OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member.
constitutes an affirmation under the	8(3), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State provided for in s.817.155, F.S.)
Leigh Typed	d or printed name of signee
Filing Fees:	SSS

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)