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**B. BOSTICK** 

MAY 16 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section , Division of Corporations
SUBJ	ECT: LoTus Women, L.L.C.,  Name of Limited Liability Company
The er	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Sheryl ann Kirk
	Sheryl ann Kerk  Name of Person  LOTUS Women, L.L. C.
	LOTUS Women, L.L.C.
	12942 Fennway Ridge Dr. Address
	RIVERVIEW FL 33579
	Riverview FL 33579  City/State and Zip Code Brown
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
<u>s</u>	hana 4. Daniels at (813) 486-1944 75 39  Name of Person Area Code & Daytime Telephone Number 82 55
Enclo	sed is a check for the following amount:
\$125.0	O Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:
Lotus Women, 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: Mailing Address:
12942 Fennhay Ridge Dr.  Riverview, FC 33579  Riverview, FC 33579
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:
Sheryl ann Kirk Name
Florida street address (P.O. Box NOT acceptable)  Florida street address (P.O. Box NOT acceptable)
Riverview FL 3357-9  City, State, and Zip
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

Shoul One Kuk
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Susan M. Young-MGR	804 W. Mest St Tampa, Fl 33602
Shery ann Kirk MGRM	12942 Fennway Kidge Drive Riverview, FL 33574
Shana 4. Daniels marm	4501 N 366 St Tampa, FL 33610
	LAH SSE
(Use attachment if necessary)	date of filing:

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

### **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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

SHERYL Ann Kirk
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)