412000097111

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PICK-UP WAIT MAIL
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EXAMINAR

COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJE	Cass	ique Vintage Styling		
. 50.501		Name of Limite	d Liability Company	
The end	closed Articles	of Organization and fee(s) are s	submitted for filing.	
Please	return all corre	spondence concerning this matte	er to the following:	
	Ginger Bal	ker ' ' ' ' '		
•	······································		Name of Person	
	Classique	Vintage Styling		
•			Firm/Company	25.0 25.0 20.13
	235 Apollo	Beach Blvd Suite 420		2012 JUL SECRETA
-		- H	Address	\$2 P
A	Apollo Bead	ch ,Fl 33572		OF S
		•	/State and Zip Code	
9	gingerdbak 	er2@gmail.com		5 E
		•	or future annual report notification)	
For furt	her informatio	n concerning this matter, please	call:	
Ginge	er Baker		813 767-4366	
	Nam	ne of Person	Area Code & Daytime Telephon	ne Number
Enclose	ed is a check	for the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	160.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	6 J. Y.	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	е

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	tage Styling LLC (Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ADTICLEU		
ARTICLE II - The mailing ad		s of the principal office of the Limited Liability Company is
Principal Office	ce Address:	Mailing Address:
235 Apollo Be	ach Blvd	235 Apollo Beach Blvd
Suite 420 Apollo Beach	,Fl 33572	Suite 420 Apollo Beach,Fl 33572
•	h an active Florida registration	
The name and t	Ginger Baker 1704 Saffold Pari	Name k Drive
The name and t	Ginger Baker 1704 Saffold Pari	Name Shi
The name and t	Ginger Baker 1704 Saffold Pari	Name k Drive

(CONTINUED)

Use attachment if necessary) LE V: Effective date, if other than the date of filing: Cinger Baker 23	<u>Title:</u> "MGR" = Manager	Name and Address:
Use attachment if necessary) LE V: Effective date, if other than the date of filing: 7/23/2012 (OPTION	"MGRM" = Managing Member	Ginger Bakur 235 Apollon Brack Blood # 42 Apollo Beach, A. 3.3572
Use attachment if necessary) LE V: Effective date, if other than the date of filing: 7/23/2012 (OPTION		
Use attachment if necessary) LE V: Effective date, if other than the date of filing: 7/23/2012 (OPTION		SEC S
		HASSEE.
E V: Effective date, if other than the date of filing: 7/23/2012 (OPTION ective date is listed, the date must be specific and cannot be more than five business d	Use attachment if necessary)	FISTATE FLORIDA
	LE V: Effective date, if other than the effective date is listed, the date must be	date of filing: 7/23/2012 (OPTION specific and cannot be more than five business d
	REQUIRED SIGNATURE:	1 - 0 1
Н 21		men Daken
Signature of a member or an authorized representative of a member.	Signature of a member	or an authorized representative of a member.

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)