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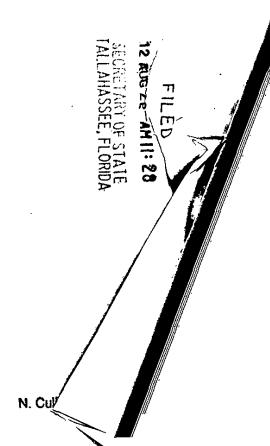
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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	. WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

TO:		ntion Section of Corporations		
SUBJE	ecr. F	Palette 'n Pony		
30.301	Name of Limited Liability Company			
The en	closed Arti	icles of Organization and fee(s) are	e submitted for filing.	
Please	return all c	correspondence concerning this ma	tter to the following:	
	Vickie	J. Hunt		
			Name of Person	
	Palett	e 'n Pony		
			Firm/Company	
		LLAGE SQUARE BLV <u>D., S</u>	· · · · · · · · · · · · · · · · · · ·	
	TALLAF	HASSEE, FL 32312	Address	
		Ci	ty/State and Zip Code	
	Motivat	or265@gmail.com		
-		E-mail address: (to be used	for future annual report notification)	
For fur	ther inform	nation concerning this matter, pleas	se call:	
Vicki	e J. Hur	nt	at .	
		Name of Person	at ,, Area Code & Daytime Telephone Number	
Enclos	ed is a cho	eck for the following amount:		
\$125.00	Filing Fe	e \$\int\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, 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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Palette 'n Pony, LLC	
(Must end with the words "Limited Liability (Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1400 VILLAGE SQUARE BLVD., SUITE 3-137 FALLAHASSEE, FL 32312	1400 VILLAGE SQUARE BLVD., SUITE 3-137 TALLAHASSEE, FL 32312
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the regi Vickie J. Hunt Name	stered agent are:
1400 VILLAGE SQUARE BLVI TALLAHASSEE, FL 32312	P.O. Box NOT acceptable)

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..

City, State, and Zip

(CONTINUED)

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	
MGRM	Vickie J. Hunt 1400 VILLAGE SQUARE BLVD., SUITE 3-137 TALLAHASSEE, FL 32312
·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mut to or 90 days after the date of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	FIL 12 Aug 22 SECHCTARY TALLAHASSI
_	embel or an authorized representative of a member.
constitutes an affirmation of a may a superior and	on 698.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein at true, information submitted in a document to the Department of tale elony as provided for in s.817.155, F.S.)
Vickie J. H	
	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)

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