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| Special Instructions to Filing Officer: | |
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T. CLINE
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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|--|-------------------------------|---|--|---|----------------------|----------|
| _{SUBJECT:} Tailor Cuts, | LLC | | | | | |
| ~ | Name of Limited L | iability Compa | iny | | | |
| The enclosed Articles of Organization | and fee(s) are subn | nitted for filing | 3. | | | |
| Please return all correspondence conce | ming this matter to | the following | ; | | | |
| Dali Kranzthor | | | | | | - |
| | Nan | ne of Person | | | | • |
| Kranzthor Cons | | .C | | | | _ |
| | Fim | n/Company | | | | |
| 5814 Imperial K | | | | * | | _ |
| | • | Address | | | | |
| Tampa, FL 33615 | | | | | | _ |
| kranzthor@gmail.c | - | te and Zip Code | ; | | 71 | <u> </u> |
| | ess: (to be used for fu | ture annual repo | ort notification) | | | |
| For further information concerning this | matter, please call | : | | | SVH) | 8 |
| Dali Kranzthor | at i | 813 | 486-653 | 7 | -338 -338 -338 | N 1 |
| Name of Person | u. (| | & Daytime Tele | ephone Number | <u>デ</u> い あご | 3 |
| Enclosed is a check for the following | g amount: | | | , | | |
| \$125.00 Filing Fee \$130.00 Fil Certificate | of Status | \$155.00 Filin Certified Cop (additional cop) | ру | \$160.00 Filin Certificate of Certified Cop (additional copy | Status & | |
| Mailing Ad Registration Division of P.O. Box 63 Tallahassee. | Section Corporations 27 | Registration of Clifton B | ourier Address on Section of Corporations uilding ecutive Center C | s | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is |
|--|
| Tailor Cuts, LLC |

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: | | | | |
|---|---|--|--|--|--|
| 2511 Meadowbrook Dr., Apt. A Palm Harbor, FL 34684 | 2511 Meadowbrook Dr., Apt. A Palm Harbor, FL 34684 | | | | |
| | | | | | |

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:

Dali Kranzthor

Name

5814 Imperial Key

Florida street address (P.O. Box NOT acceptable)

Tampa,

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)

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 "MGRM" = Managing Member | Name and Address: |
|---|---|
| MGRM | Dali Kranzthor 5814 Imperial Key Tampa, FL 33615 |
| MGRM | Shawn Rupp 2511 Meadowbrook Dr., Apt. A Palm Harbor, FL 34684 |
| MGRM | Joey Matteliano 2511 Meadowbrook Dr., Apt. B Palm Harbor, FL 34684 |
| (Use attachment if necessary) | ACECR ACECR ACECR |
| ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spet to or 90 days after the date of filing.) | e of filing: (OPTIONAL) ecific and cannot be more than five business days prior |
| 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.)

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)