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COVER LETTER

	ation Section n of Corporations	
SUBJECT:	Inspirational Tees, "L. L. C.," Name of Limited Liability Company	
The enclosed Ar	ticles of Organization and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	horretta Garrett Name of Person	
<u></u>	Inspirational Tees, "L. L. C.",	
	48 Dorcas CT	
	Address	
	ORhando, Shorida 32811 City/State and Zip Code	
	1K 57 Jesus @ yahoo.com	
For further inform	E-mail address: (to be used for future annual report notification) nation concerning this matter, please call:	7
horetto	Name of Person Area Code & Daytime Telephone Number	eren eren eren
Enclosed is a cl	neck for the following amount:	
\$125.00 Filing	Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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 I	FLORIDA LEMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is	s:
,	
Inspirational Tees, L.	k.C.,
(Must end with the words "Limited Lia	bility 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:
48 Dorcas CT.	Same
Ochando, FLORIDA 32811	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:

Shantrina Garrett	****	2	
Name	- E8	3	CON 700
48 Dorcas CT.			li ———
Florida street address (P.O. Box NOT acceptable)	3859 A874	1	0
ORlando FL 32811	. EUC	1.0	ا المرابعات
City, State, and Zip	ET ST		er torange

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

EFFECTIVE DATE 0/28/13



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:
"MGR" "MGRM"	horetta Barrett 48 Dorcas CT. Orlando, Fhorida 32811 Shantrina Garrett 48 Dorcas CT. Orlando, FLORIDA 32811
(Use attachment if necessary) ARTICLE V: Effective date, if other than (If an effective date is listed, the date n	the date of filing: Jan. 28, 2013 (OPTIONAL) nust be specific and cannot be more than five business days
REQUIRED SIGNATURE: Signature of a mediane street.	mber or an authorized representative of a member.
constitutes an affirmation u I am aware that any false in	608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State, llony as provided for in \$.817.155, F.S.) Typed or printed name of signee
\$125.00 Filing Fee for Articles of O of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Drganization and Designation