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B. BOSTICK
FEB 11 2013
EXAMINER

COVER LETTER

•	•		· ·	
то:	Registration of	on Section Corporations		
SUBJI	ECT:	Olivia L	ewis Financial, LLC	_
	•	Name of Li	mited Liability Company	
The en	closed Article	rs of Organization and fee(s) a	are submitted for filing.	
Please	return all corr	respondence concerning this r	natter to the following:	
			Olivia Lewis	
		Andreas and the state of the st	Name of Person	
		Olivia L	_ewis Financial, LLC	
			Firm/Company	
		55	533 N Lewis Rd.	
			Address	
		West Pa	alm Beach, FL 33415	
	 		City/State and Zip Code	
			iafuller1@gmail.com	
		E-mail address: (to be us	sed for future annual report notification)	156 3
For fur	ther informati	ion concerning this matter, ple	ease call:	A TO
	0	livia Lewis	at (561) 432 2816	-8 -8
	Na	me of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a checl	k for the following amount	;	I: 51
]\$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status		tatus &

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

The name of the Li	ne: mited Liability Company is	s:	
	Olivia Lewis Fir		
(Mı	ist end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		principal office of the Limited Liabil	ity Company is:
Principal Office A	Address:	Mailing Address:	
5533 N Lewis Rd.		5533 N Lewis Rd.	
West Palm Beach,	FL 33415	West Palm Beach, FL 33415	
(The Limited Liability Cobusiness entity with an a	ompany cannot serve as its own Reg active Florida registration.) Florida street address of the Olivia Nam 5533 N L	Lewis ewis Rd.	
		ddress (P.O. Box NOT acceptable)	
•	West Palm Beach	_{FL} 33415	52 Rie
	•	State, and Zip	
liability compa registered agent an statutes relating	ny at the place designated in nd agree to act in this capac to the proper and complete p	accept service of process for the aborthis certificate, I hereby accept the apity. I further agree to comply with the performance of my duties, and I am fairtistered agent as provided for in Chaptantine (REQUIRED)	ppointment as provisions of all miliar with and

(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	Olivia Lewis		
	5533 N Lewis Rd.		
	West Palm Beach, FL 33415	_	
		_	
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	y y	<u> </u>	1
	in in		: [
(Use attachment if necessary)	RIUA A	ر در ک	1
CLEV: Effective date, if other than the dat	te of filing: (OPTI	ONAL	.)
effective date is fisted, the date must be sp 90 days after the date of filing.) <u>REQUIRED</u> SIGNATURE:	pecific and cannot be more than five busines	s days	prio
Olmia	Level		
Signature of a member of	an authorized representative of a member.		
constitutes an affirmation under the	8(3), Florida Statutes, the execution of this document epenalties of perjury that the facts stated herein are true on submitted in a document to the Department of Stat provided for in s.817.155, F.S.)	ue. e	
-	Olivia Lewis		
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)