Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

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**Buter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please. **

Email Address:



FLORIDA LIMITED LIABILITY CO. NONO BRAND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

RTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Con	npany is:
NoNo Brand, LLC (Must end with the words "Li	mited Liability Company, "1. L.C.," or "4,(.C.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
156 Coach Lamp Way	156 Coscii Lamp Way
Ponte Vedra Beach, FL 32082	Ponte Vedru Beach, FL 32082
	egistered Office, & Registered Agent's Signature: Down Registered Agent. You must designose on individual or another 1

The name and the Florida street address of the registered agent are:

Amy Mortin 156 Couch Lump Way Florida street address (P.O. Box NOT acceptable) Ponte Vedra Beach, FL 32082 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 ugree 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..

(CONTINUED)

Page 1 of 2

acate cardables who as altered water

<u> l'ille:</u> 'MGR'' = Manager	Name and Address:
'MGRM" = Managing Member	
MORM	Amy Martin
	156 Conch Lamp Way
	Amy Martin 156 Conch Lamp Way Ponte Vedra Beach, FL, 32082
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(In accordance with section 608.408(3), Florida Statutes the execution of this document constitutes un affirmation under the penalties of perjury that the facts stated heroin are true. I am aware that any filtse information submitted in a document to the Department of State constitutes a third degree falony as provided for in s.817.155, F.S.)

usculative of a member.

Amy Marsin, Managing Member Typed or printed name of signee

Fillop Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):

5 5.00 Certificate of Status (Optional)

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