## LJ300089579

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SECRETARY OF STATE
TAIL AHASSEF FLORIDA

•	· COVE	R LETTER 🚜 🥳	
TO: ARegistration Division of C		,** ,	** <del>•</del>
subject: Am	erican Gys	Collective ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Natal	e Marchionn	L
		Name of Person	
		Firm/Company	
	4 .		
Same Miller of Same Same Mark Harris No. (18) Modern All Same Same Same	2484	Address	•
***************************************	Mia	Address  Address  Mi beach fl  y/State and Zip Code	33140
	E-mail address: (to be used)	for future annual report notification)	nimarchionni@gmail.a
For further information	concerning this matter, please	•	3
Name	2 / i L e of Person	at (845) 494 S Area Code & Daytime Telep	shone Number
Enclosed is a check t	for the following amount:		
≥\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courler Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Limited Liability Company is:
American Gypsy Collective LLC.  (Must end with the words "Limited Hability 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:
migmi beach FL 23140 migmi beach FL 33140
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:
Natalie Marchioni
Name SSE 20
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
MIQMI DEACHFL 33140 景丽 名
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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Mataw machin

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Natalie Marchioni 2484 prairie Ave. mianni beach FL 33140
**************************************	
(Use attachment if necessary)	
	nan the date of filing: (OPTIONAL)  e must be specific and cannot be more than five business days ing.)
REQUIRED SIGNATURE:	DIN 20 RETARY O AHASSEE
	member or an authorized representative of a member.
constitutes an affirmatio	ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, in information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Natalia Marchion n
Typed or printed name of signee