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Chr. gr.

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT

THESISTERSLICE, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hannah Subh

Name of Person

THESISTERSLICE, LLC

Firm/Company

4165 Boggy Creek Rd.

Address

Kissimmee, FL 34744

City/State and Zip Code

hannahsubh@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hannah Subh

,407

760-3828

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check 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

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

ARTICLE I - Name:				
The name of the Limited Liability Company	is:			
THESISTERSLICE, LLC				
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the	principal office of the Limited L	_iability Co	ompa	ny is:
Principal Office Address:	Mailing Address:			
4165 Boggy Creek Rd.	4165 Boggy Creek Rd.			
Kissimmee, FL 34744	Kissimmee, FL 34744			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent gistered Agent. You must designate an indi	:'s Signatu ividual or anot	ire: ther	
The name and the Florida street address of th	e registered agent are:	A A A A A A A A A A A A A A A A A A A	ಪ.	
Hannah Subh		≥湖	OCT 2	1-25/2
Nau	me		2	the state .
4165 Boggy Creek Rd.		713 214	Jan	ž Distyrne
Florida street	address (P.O. Box NOT acceptable)	116	AH IQ:	f is
Kissimmee, FL 34744	FL	윤건	C)	44
City,	State, and Zip	3 000	2	

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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Sara Hanson
	1881 Black Oak Rd.
	Hollandale, WI 53544
MGR	Amy Seward
- WOIT	2422 9 1/2 Avenue South
	Fort Dodge, IA 50501
MGR	Hannah Subh
	4165 Boggy Creek Rd.
	Kissimmee, FL 34744
	•
(Use attachment if necessary)	
CLE V: Effective date, if other than	
CLE V: Effective date, if other than	ust be specific and cannot be more than five busines
CLE V: Effective date, if other than effective date is listed, the date m	ust be specific and cannot be more than five busines
CLE V: Effective date, if other than reffective date is listed, the date more of or 90 days after the date of filing. REQUIRED SIGNATURE:	ust be specific and cannot be more than five business)
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CLE V: Effective date, if other than reffective date is listed, the date mo or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men constitutes an affirmation un I am aware that any false info	ust be specific and cannot be more than five business)
CLE V: Effective date, if other than reffective date is listed, the date mo or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men constitutes an affirmation un I am aware that any false info	nber or an authorized representative of a member: 608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of States

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)