

#L14000003813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

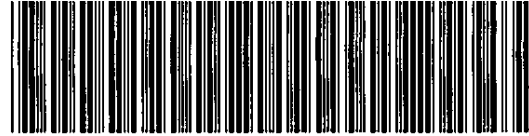
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/19/13--01016--020 \*\*160.00

FILED  
2013 DEC 19 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JAN - 8 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 23, 2013

CAITLYN HICKEY  
P.O. BOX 678171  
ORLANDO, FL 32867

SUBJECT: EASE THE CRAVE LLC.  
Ref. Number: W13000069759

We have received your document for EASE THE CRAVE LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 913A00029026

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ease the Crave 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:

**Caitlyn Hickey**

Name of Person

**Ease The Crave LLC**

Firm/Company

**10600 Bloomfield Drive Apt 426**

Address

**Orlando, F.L. 32825**

City/State and Zip Code

**easethecravelc@gmail.com**

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

For further information concerning this matter, please call:

**Caitlyn Hickey**

at

**773**

Area Code

**818-1646**

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:

Ease The Crave LLC

(Must end with the words "Limited Liability 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:

10600 Bloomfield Drive

Apt 426

Orlando FL 32825

Mailing Address:

10600 Bloomfield Drive

Apt 426

Orlando FL 32825

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:

Victor De Leon

Name

10600 Bloomfield Drive Apt 426

Florida street address (P.O. Box **NOT** acceptable)

Orlando

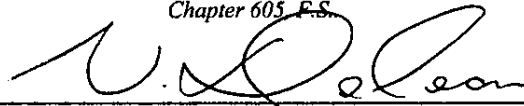
City

FL 32825

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 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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Caitlyn Hickey

10600 Bloomfield Drive #Apt 426

Orlando, F.L. 32825

MGRM

Victor De Leon

10600 Bloomfield Drive Apt 426

Orlando, F.L. 32825

MGRM

Lisset Lopez

25 Park Avenue #9

Passaic, N.J. 07055

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Caitlyn Hickey

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)