

L14000005765

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
LITTLE MISS POLKA DOT, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Please file it on the same day 1/9/14 thanks.

info 1/10/14

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Little Miss Polka Dot, 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:

Sarajane Evans

Name of Person

Little Miss Polka Dot, LLC

Firm/Company

17100 College Club Loop Drive, #1431

Address

Fort Myers, Florida 33913

City/State and Zip Code

joerotella93@aol.com

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

For further information concerning this matter, please call:

Sarajane Evans

Name of Person

954

Area Code

383-9553

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



January 10, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: LITTLE MISS POLKA DOT, LLC  
REF: W14000001867

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

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

Tammy Hampton  
Regulatory Specialist III

FAX And. #: H14000006790  
Letter Number: 914A00000648

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Little Miss Polka Dot, 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:

Mailing Address:

17100 College Club Loop Drive, #1431  
Fort Myers, Florida 33183

17100 College Club Loop Drive, #1431  
Fort Myers, Florida 33183

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:

Gary J. Rotella, Esquire

Name

1500 North Federal Highway, Suite 250

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

Fort Lauderdale

City

FL 33304

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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR"

Name and Address:

Sarajane Evans

17100 College Club Loop Drive, #1431

Fort Myers, Florida 33913

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (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.)

**ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

Gary J. Rotella, Esquire

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)

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