

L14000029080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

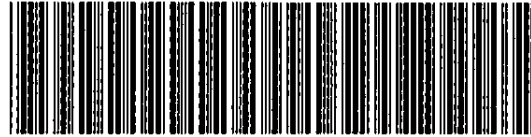
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100256338671

02/10/14--01040--015 **125.00

EFFECTIVE DATE
2/13/14

W14—10083

1/17/14: Sheila Ket. # W14000010083 small name change

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Style Closet Boutique
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:

"Boutique" added
all other info
exactly the same

Kim Cass
Name of Person

The Style Closet Boutique
Firm/Company

474 Kelly Green St.
Address

Palm Harbor, FL 34683
City/State and Zip Code

styleclosetboutique@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Cass at 727 237-8714
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)

paid

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 FEB 18 PM 4:11

RECEIVED

thank you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Style Closet Boutique, 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:474 Kelly Green St
Palme Harbor, FL
34683same

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:

474 Kelly Green St.
Name
Palme Harbor, FL
Florida street address (P.O. Box NOT acceptable)
City FL Zip 34683

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.

Kate Cass
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

all into the same
already paid. our name was
taken, so we added "Boutique"
thank you!

FILED
14 FEB 18 2014
SECRETARY OF STATE
TALLAHASSEE, FLORIDA