## L14000033545

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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02/26/14--01010--021 \*\*130.00

Effective Date 2/21/14

FEB 2 7 2013 T. HAMPTON

## COVER LETTER

Division of Corporations	
SUBJECT: EARratic Couture LLC	
Name of Lim	ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Pamela Layton_	
, amoja Edyson	Name of Person
	Firm/Company
8412 Marlanas Place	
	Address
Tampa, FL 33637	ty/State and Zip Code
namela layten@hetmail.com	•
E-mail address: (to be used  For further information concerning this matter, pleas	for future annual report notification)
For farther information concerning this matter, pleas	e can:
Pamela Layton at (8	13 ) 966-7907 Area Code Daytime Telephone Number
	, . ,
Enclosed is a check for the following amount:	<b>—————————————————————————————————————</b>
\$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

## Effective Date 2/21/14

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
EARratic Couture LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC	C.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company	/ is:	
Principal Office Address:	Mailing Address:		
8412 Marianas Place Tampa, FL 33637	8412 Marlanas Place Tampa. FL 33637	<del></del>	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate	an individual or	
The name and the Florida street address of the registered a	gent are:		
Pamela Layton Name			
8412 Marlanas Place Florida street address (P.O. Box 1	IOT acceptable)		
Tampa	FL 33637		
City	Zip		
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligendates.  Chapter  Registered Agent's Signature.	he appointment as registered agent a all statutes relating to the proper and ations of my position as registered agent as 605, F.S	nd agree to act in th I complete performa	his ance
(CONTINUE)	D)	2011 SE TAL	
Page 1 of 2		LAH ORE TEN	П

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

<u>Fitle:</u>	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
MGRM	Pamela Layton
	8412 Marlanas Place
	Tampa, FL 33637
<del>-</del>	
<del></del>	
<del></del>	
Use attachment if necessary)	
ctive date is listed, the date must be speci filing.)	f filing: 2/21/14
ctive date is listed, the date must be speci f filing.)	f filing: <u>2/21/14</u> . (OPTIONAL)  ific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  E VI: Other provisions, if any.	f filing: <u>2/21/14</u> . (OPTIONAL)  ific and cannot be more than five business days prior to or 9
ctive date is listed, the date must be speci f filing.)	f filing: 2/21/14
ctive date is listed, the date must be specifiling.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mention	ific and cannot be more than five business days prior to or 9  Authorized representative of a member.
tive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  SEQUIRED SIGNATURE:  Signature of a ment (In accordance with section 605)	ber or an authorized representative of a member.
Signature of a ment (In accordance with section 605) constitutes an affirmation under t	ber or all authorized representative of a member.  0203 (1)(b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
Signature of a ment (In accordance with section 605) constitutes an affirmation under t I am aware that any false information.	ber or an authorized representative of a member.
Signature of a ment (In accordance with section 605!) Constitutes an affirmation under t I am aware that any false information constitutes a third degree felony a	ber or an authorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
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Signature of a ment (In accordance with section 605! constitutes an affirmation under t I am aware that any false information constitutes a third degree felony at the section 605!  Pamela Layton  \$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional)	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: nization and Designation of Registered Agent