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COVER LETTER

Division of Corporations		
SUBJECT: THE SHOEBOX & ACCESSORIES Name of Lim	S. LLC ited Liability Company	
The enclosed Articles of Organization and fee(s) are		
Please return all correspondence concerning this ma	atter to the following:	
ASHLEY B LEGGETT	Name of Person	
THE SHOEBOX & ACCESSORIES	, LLC Firm/Company	
13472 NE 148TH AVE	Address	
WALDO. FLORIDA 32694-4166 Ci	ity/State and Zip Code	
ashleyleggett25@yahoo.com E-mail address: (to be used	i for future annual report notifica	tion)
For further information concerning this matter, plea		
ASHLEY B LEGGETT at (3 Name of Person		ephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee	□\$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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
THE SHOEBOX & ACCESSORIES, LLC (Must end with the words "Lim	nited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Con	ıpany is:
Principal Office Address:	Mailing Address:	
13472 NE 148TH AVE WALDO, FL 32694-4166	13472 NE 148TH AVE WALDO, FL 32694-4166	
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist	own Registered Agent. You must desi ration.)	e: ignate an individual or
_		
ASHLEY B LEGGETT N	lame	
<u>13472 NE 148TH AVE</u>		
Florida street address (P.O.	Box NOT acceptable)	
WALDO,	FL 32694-4166	
City	Zip	
* Obher	accept the appointment as registered ag ions of all statutes relating to the prop	gent and agree to act in this er and complete performance red agent as provided for in
(CONT	'INUED)	APR 22 AHASSE
Page	e1 of 2	OF SIAI

	ARTICLE IV-	
	The name and address of each p	person authorized to manage and control the Limited Liability Company:
	PD 1 4 8	Name and Address:
	<u>Title:</u> "AMBR" = Authorized Membe	
	"MGR" = Manager	
	AMBR	ASHLEY B LEGGETT
	7 (17 (10))	13472 NE 148TH AVE
		WALDO, FL 32694-4166
	AMBR	KEYON BAKER
		<u>13472 NE 148TH AVE</u> WALDO, FL 32694-4166
		VVALDO, FL 32034-4100
		
(If an :	effective date is listed, the date m	in the date of filing:
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