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BIVISION OF CORPORALISM

HAY 02 2014 J. HARRIS

## **COVER LETTER**

SUBJECT: Lashful Things LCC  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:    Dohne He Banks     Name of Person	TO: Registration Section Division of Corporations
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:  Thread Banks  Name of Person  Luch Full Things LLC  Firm/Company  3606 Carell Corners  Address  For L Myen FL 3390    City/State and Zip Code  Luch Full Hings a hot mail room  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Johns He Banks  at 339  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\int \text{125.00 Filing Fee} \$\int \text{\$\int \text{\$	SUBJECT: Lashful Things LLC
Please return all correspondence concerning this matter to the following:    Tohnette Banks	Name of Limited Liability Company
Name of Person  Lush Ful Things LLC  Firm/Company  3606 Carrell Corners  Address  For L Myest FL 33901  City/State and Zip Code  Lush Ful Hings a hot mail i com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Johns He Banks at 39 Description Purpose Person  Name of Person at 39 Daytime Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee \$\infty\$\$\$130.00 Filing Fee & \$\infty\$\$ Certificate of Status \$\infty\$\$ Certificate of S	The enclosed Articles of Organization and fee(s) are submitted for filing.
3606 Carell Corners  Address  For I Myest FL 33901  City/State and Zip Code  Lush Ful things & hot mail com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Johns He Banks at 39 385-7094  Name of Person at Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee P\$\$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed)  This Amount Has a ready been (additional copy is enclosed)  Mailing Address Registration Section  Registration Section	Please return all correspondence concerning this matter to the following:
3606 Carell Corners  Address  For I Myest FL 33901  City/State and Zip Code  Lush Ful things & hot mail com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Johns He Banks at 39 385-7094  Name of Person at Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee P\$\$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed)  This Amount Has a ready been (additional copy is enclosed)  Mailing Address Registration Section  Registration Section	Johnette Banks
For I Myest FL 3390  City/State and Zip Code  Cush Ful things a hot mail com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Johns He Banks at 39 Style Telephone Number  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee W\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Statu	Name of Person  Lush ful Things LLC  Firm/Company
For I Myest FL 3390  City/State and Zip Code  Cush Ful things a hot mail com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Johns He Banks at 39 Style Telephone Number  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee W\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Statu	3606 Carnell Corners
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Johna   H. Banks	Address
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Johna   H. Banks	Fort Myers FL 33901
Tohns He Banks at 339 DS-7094  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  □ \$125.00 Filing Fee \$\infty\$\$\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certificate Of Status & Certificate of Status & Certificate of Status & Certificate Opy Gadditional copy is enclosed)  This famound Has already been (additional copy is enclosed)  And □ an Correcting an error of address Registration Section  Street/Courier Address Registration Section	City/State and Zip Code  Cush Ful things a hofmail com  E-mail address: (to be used for future annual report notification)
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Mailing Address Registration Section Registration Section	an correcting an error of address
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle



April 22, 2014

JOHNETTE BANKS 3606 CARRELL CORNERS FORT MYERS, FL 33901

SUBJECT: LUSHFUL THINGS LLC Ref. Number: W14000021043

We have received your document for LUSHFUL THINGS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 014A00008568

SEGRE LARY ME WANTED



April 2, 2014

JOHNETTE BANKS P.O. BOX 10651 NAPLES, FL 34101

SUBJECT: LUSHFUL THINGS LLC Ref. Number: W14000021043

We have received your document for LUSHFUL THINGS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 314A00007058

SECRE FARY OF SIAFENS
DIVISION OF COMPORATIONS

1. MAY -2 PM 3: 38

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	يا <u>د</u> حۍ
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
3606 Carrell Corned 3606 Carrell Corners Fort Myers FL 53901 Fort Myers FL 33901	
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;	
Johnste Banks	
9340 marino Circle ADA 107	
Florida street address (P.O. Box <u>NOT</u> acceptable)	
Naples FL 339 34114  City 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)	
Page 1012	TO

Title:	orized to manage and control the Limited Liability Company:	
"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager // MGR" = M	endeJohnette Banks AMB	R
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managing mense	er Apt 107 NapleC FL 30	411
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of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ASaM	0 d
of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605.	affic and cannot be more than five business days prior to or 9  Appear or an authorized representative of a member.  (0203 (1) (b), Florida Statutes, the execution of this document	0 d
REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605. constitutes an affirmation under	affic and cannot be more than five business days prior to or 9  Appear or an authorized representative of a member.  O203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.	0 d
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ARTICLE IV-

Page 2 of 2