

MAY-27-2014 13:22

608 827 5501

608 827 5501

P.001

L14000084901

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000123755 3)))



H140001237553ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

14 MAY 27 PM 1:15

FILED

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

Email Address: kriziachinea@gmail.com

FLORIDA LIMITED LIABILITY CO.

Kolorful Care LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

14 MAY 27 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. Burr

<https://efile.sunbiz.org/scripts/efilcovr.exe>

1. Burr MAY 28 2014 5/27/2014

FAX AUDIT # H14000123755 3

**ARTICLES OF ORGANIZATION
OF
Kolorful Care LLC**

ARTICLE I NAME

The name of the limited liability company is: Kolorful Care LLC

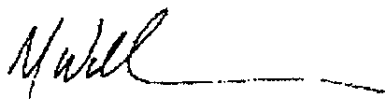
ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:
1767 Hermitage Blvd Apt 10303, Tallahassee, Florida 32308.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

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: _____

Mark Williams, A.V.P. Business Filings Incorporated

Date: May 27, 2014

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the names and addresses of the members of the Limited Liability Company are:

Krizia Chinchilla Cartin, 1767 Hermitage Blvd Apt 10303, Tallahassee, Florida 32308

Christopher Wilson, 1767 Hermitage Blvd Apt 10303, Tallahassee, Florida 32308

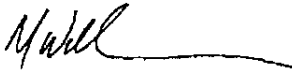
FAX AUDIT # H14000123755 3

FILED
14 MAY 27 PM 4:15
TALLAHASSEE, FLORIDA

FAX AUDIT # H14000123755 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.



Date: May 27, 2014

(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.)

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

FAX AUDIT # H14000123755 3

16 MAY 27 PM 4:15
TALLAHASSEE, FLORIDA