

L14000091329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

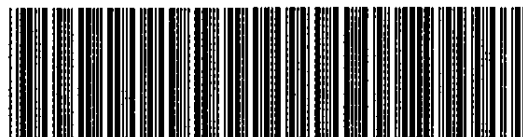
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900260749569

06/02/14--01041--009 **160.00

EFFECTIVE DATE 06-01-14

FILED
JUN 11 2014
CLERK OF SUPERIOR COURT
JULIEN - 2 00 30

B. BOSTICK

JUN - 6 2014

EXAMINER

May 28, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32315

Change my Company from Sole-Proprietorship to an LLC

To Whom It May Concern:

I have enclosed the forms to establish my company as an LLC. I established and opened my business, "Chic and Shore Things" on October 12th, 2014 as a sole-proprietorship.

At the recommendation of my accountant as well as other individuals, I feel it would be in my best interests to change it over to an LLC.

I have completed what I believe are the necessary forms to accomplish that and included my check for payment. If there is anything else I am required to do. Please notify me at the address and/or telephone number listed on the enclosed forms.

Thank you for your assistance.



Rebecca S Demanuel
Owner

FILED
2014 JUN -2 PM 2:30
TALLAHASSEE, FL
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chic And Shore Things
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:

REBECCA S. DEMANUEL
Name of Person

Chic And Shore Things
Firm/Company

205 NORTH SECOND STREET
Address

FORT PIERCE FL 34950
City/State and Zip Code

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

For further information concerning this matter, please call:

REBECCA DEMANUEL at (772) 342-7505
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)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chic AND Shore Things, L.L.C.

(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:

205 North Second St.
FORT PIERCE, FL 34950

Mailing Address:

3268 Lakeshore Dr
Fort Pierce, FL 34949

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:

REBECCA S. DEMANUEL
Name

3268 Lakeshore Drive
Florida street address (P.O. Box **NOT** acceptable)
Fort Pierce FL 34949
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.

Rebecca S. Demanuel
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

AARON D. LEE
905 NANCINA DRIVE
WILSTON, FL 33327

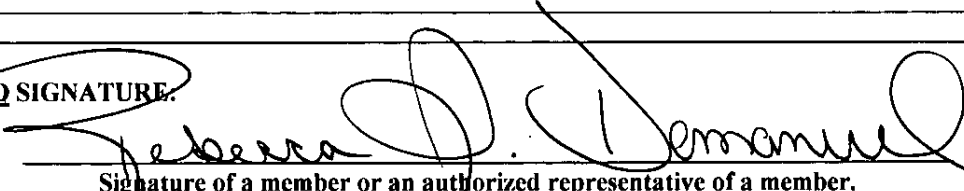
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/1/2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(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.)

REBECCA S. DEMANUEL

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2014 JUN -2 PM 3:30
SECRET
FILED