

L14000096273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

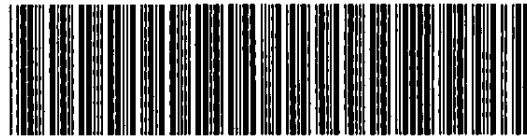
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JUN 13 AM 11:14
MISSISSAUGA, ONTARIO

JUN 16 2014

J. BRU

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHIC NOT SHABBY, LLC
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:

AMANDA EDSON

Name of Person

Firm/Company

PO BOX 6067

Address

MIRAMAR BEACH, FL 32550

City/State and Zip Code

eashley@cricpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMANDA EDSON

Name of Person

at (850) 460-4600

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

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHIC NOT SHABBY, LLC

(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:

109 W. HODGE RD
SANTA ROSA BEACH, FL 324

Mailing Address:

P.O. BOX 6067
MIRAMAR BEACH, FL 32550

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.)

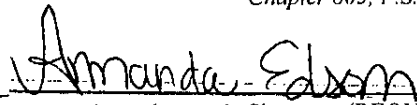
The name and the Florida street address of the registered agent are:

AMANDA EDSON
Name

109 W. HODGE RD
Florida street address (P.O. Box **NOT** acceptable)

SANTA ROSA BEACH FL 32459
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)

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CLERK OF STATE
TALLAHASSEE FLORIDA

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:

AMANDA EDSON

PO BOX 6067

MIRAMAR BEACH, FL 32550

AMBR

MELANIE MILLS

PO BOX 6067

MIRAMAR BEACH, FL 32550

MGR

KATY MENDEZ

PO BOX 6067

MIRAMAR BEACH, FL 32550

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

Marketing efforts and referrals will be assisted and/or directed by Burnham Edson. Legal notification and documents sent to: Attn: Elizabeth Ashley at: Carr Riggs Ingram, 500 Grand Blvd., Ste 210 Miramar Beach, FL 32550

REQUIRED SIGNATURE:

Amanda Edson

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.)

AMANDA EDSON

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)

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TALLAHASSEE FLORIDA