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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: East Coast Vintage Decor LLC |
| Name of Limited Liability Company |
| The enclosed Articles of Organization and fec(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Pamela Quick Dodge Name of Person |
| East Coast Vintage Decor LLC Firm/Company |
| |
| 6464 Oak Shore Dr. Address |
| |
| St. Cloud FL 34771 City/State and Zip Code |
| City/State and Zip Code |
| PQDODGE @ GMAIL.Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Pamela Quick Dodge at (407) 948-8777 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$130.00 Filing Fee \$ \$155.00 Filing Fee \$ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | | |
|--|------------------------------|---|--------------------------------|-------------------------|---------------|
| East Coast Vintage Dec (Must end with the words "Limited I | or LL | Cmpany, "L.L.C.," or "L | LC.") | | |
| ARTICLE II - Address: The mailing address and street address of the principal off | ice of the 1. | imited Liability Compa | ny is: | | |
| Principal Office Address: | Mailing . | Address: | | | |
| 529 E New Haven Ave. | 640 | of Oak Shore | Dr. | | |
| 529 E New Haven Ave. Melbourne FL 32901 | St.(| of Oak Shore Touch FL 347 | 71 | | |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Francher business entity with an active Florida registration.) The name and the Florida street address of the registered at the company cannot serve as its own Francher business entity with an active Florida registration. | Registered A .) ngent are: | | ate an individ | lual or | |
| <u>Pamela Quick Do</u> | odge_ | | | | |
| . Tante | | | | | |
| 6464 Oak Shore Florida street address (P.O. Box) | <u>Dr</u> NOT accer | mtable) | | | |
| St. Cloud | | | | | |
| City | Fl. | 34771 Zip | | | |
| Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli Chapte | the appoint fall statutes | ment as registered agent s relating to the proper a ny position as registered | t and agree to and complete | o act in th performa | his ance |
| Registered Agent's Signatu | Dods ure (REQU) | (CIRED) | | 74 JI | |
| (CONTINUE | .D) | | | 12 21 | 4 |
| Page 1 of 2 | | | 1 | II. | l Amerikan |

| <u>Title:</u> | Name and Address: | |
|--|--|------------------------|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager | Darala Outek Dados | |
| AMBR | Pamela Quick Dodge | |
| | 6464 Oak Shore Dr. St. Cloud FL 34771 | |
| | Sc. Cinua Fe 37 77 | |
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| (Use attachment if necessary) | | |
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| EV: Effective date, if other than the date of fictive date is listed, the date must be specific | iling: (OPTIONA c and cannot be more than five business days prio | AL) or to or |
| E V: Effective date, if other than the date of fictive date is listed, the date must be specific filing.) | iling: (OPTIONA c and cannot be more than five business days prio | AL) or to or |
| E V: Effective date, if other than the date of fictive date is listed, the date must be specific filing.) | iling: (OPTIONA c and cannot be more than five business days prio | AL) or to or |
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| E V: Effective date, if other than the date of fictive date is listed, the date must be specific filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe | La Cady. er or an authorized representative of a member. | |
| E V: Effective date, if other than the date of fictive date is listed, the date must be specific filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.02) | er or an authorized representative of a member. | cument |
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