## 114000121551

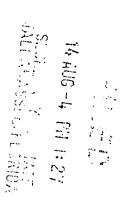
(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Cartified Capies Cartificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				

Office Use Only



800262237528

08/04/14--01025--011 \*\*125.00



## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	CT:	Styles LLC.	
The encle	losed Articles of Organization and fee(s) are	submitted for filing.	
Please re	eturn all correspondence concerning this matt	er to the following:	
	Quinnaka	Larter Name of Person	
	Classy Sa.	SSY STYLG Firm/Company	
	PO COX	7199 Address	
	westey ch	Address  April 33545  State and Zip Code	
	(SNB2481@gMail. ( E-mail address: (to be used f	State and Zip Code	
	E-mail address: (to be used f	or future annual report notificati	on)
For furth	ner information concerning this matter, please	call:	
Quinn	neka Carter at (C	78 , 469-0264	/
	Name of Person	Area Code Daytime Tele	phone Number
Enclosed	d is a check for the following amount:		
\$125.00	Filing Fee \$\Bigcup \\$130.00 \text{ 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 P.O. Box 6327  Tallahassee, FL 32314	Street/Courier Address Registration Section Clifton Building 2661 Executive Cente	<del></del>

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
The name of the Limited Liability Company is.
(Must end with the words "Limited Liability Company, "L.L.C.," or "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:  Mailing Address:
Wesley Chapel, Fl. 33544 Wesley Chapel, Fl. 33545
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:
Awnneka Carter Name
Name
6433 Ayerson Cyrcle Aft. 18 Florida street address (P.O. Box NOT acceptable)
riesley Chapel FL 33544
City ' Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company 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 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Quianeka Carter 4433 Rye Bon Circle Aft. In Mestry Chapel, Fl. 33541	
(Use attachment if necessary)		
TICLE V: Effective date, if other than the date	e of filing: (OPTION	AL)
date of filing.)  FICLE VI: Other provisions, if any.	pecific and cannot be more than five business days prio	•
REQUIRED SIGNATURE:	husk N. Fot	
(In accordance with section 6 constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this do der the penalties of perjury that the facts stated herein are formation submitted in a document to the Department of Story as provided for in s.817.155, F.S.)	cument true.
Qui	Typed or printed name of signee	TA AUG
\$125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees: rganization and Designation of Registered Agent	-↓ PR
5 5.00 Ceruncate of Status (Option	Page 2 of 2	

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

ARTICLE IV-