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(Re	equestor's Name)	· <u></u>
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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AUG 0 8 2014 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DeLeon Thrift Store, Llc		
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this management.	_	
Tanja K. Zook	Name of Person	
DeLeon Thrift Store, Llc		
	Firm/Company	
730 Still Rd		
730 Still Nu	Address	
Pierson, FL 32180	City/State and Zip Code	
tazook@att.net		
E-mail address: (to be used	d for future annual report notifica	tion)
For further information concerning this matter, plea	ase call:	
Tanja K. Zook at (3	386) 469-8653 Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee	□\$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	Street/Courier Add Registration Section Division of Corporat Clifton Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESOFORGANIZATION	JAPIORIDA LIVITED LIABILITA CO	WITAINI
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
DeLeon Thrift Store, Llc		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or	"LLC.")
,	• • •	•
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Corr	npany is:
Principal Office Address:	Mailing Address:	
5076 N US Hwy 17	730 Still Rd	
DeLeon Springs, FL	Pierson, FL	
32130	32180	
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its a another business entity with an active Florida registr	own Registered Agent. You must designation.)	
The name and the Florida street address of the regist	ered agent are:	
Tanja K. Zook		
	ame	
730 Still Rd		
Florida street address (P.O.	Box NOT acceptable)	
Pierson	FL 32180	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby a capacity. I further agree to comply with the provisiof my duties, and I am familiar with and accept the	ccept the appointment as registered ag ions of all statutes relating to the prope	ent and agree to act in this er and complete performance
	2nd	
Registered Agent's S	gnature (REQUIRED)	ZS 7
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<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Tanja K, Zook
	730 Still Rd
	Pierson, FL 32180
 -	
EV: Effective date, if other than the datective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
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