

L140000125169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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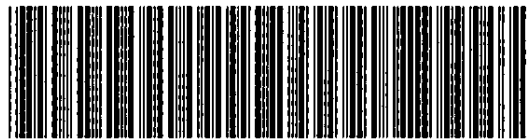
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 AUG - 8 PM 12:56  
FILED  
CLERK OF SUPERIOR COURT  
JANUARY 1, 2014

FILED

FILED

EFFECTIVE DATE

08/02/14

AUG 11 2014  
D. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Fluff Bar**  
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:

Sharron E Kolman  
Name of Person

Fluff Bar  
Firm/Company

4314 Spinnaker Cove Lane  
Address

Tampa Florida 33615  
City/State and Zip Code

sekolman@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharron Kolman at ( 610 ) 563-0805  
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

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2014 AUG - 8 PM 12:56  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fluff Bar 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:

Mailing Address:

4314 Spinnaker Cove Lane  
Tampa FL 33615

4314 Spinnaker Cove Lane  
Tampa FL 33615

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:

Sharron E Kolman

Name

4314 Spinnaker Cove Lane

Florida street address (P.O. Box NOT acceptable)

Tampa

City

FL 33615

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..*

Sharron E. Kolman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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EFFECTIVE DATE

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FILED  
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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO  
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:**

SHARRON E. KOLMAN  
4314 SPENNAKER COVE LN  
TAMPA, FL 33615

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 8/2/14 (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:**

Sharon E. Kolman

**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.)

SHARRON E. KOLMAN  
Typed or printed name of signer

**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)**

FILED  
2014 AUG - 8 PM 12: 56  
DEPARTMENT OF STATE  
TALLAHASSEE-FLORIDA