## L14000129458

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

Office Use Only



900261288289

900261288289 08/15/14--01012--019 \*\*125.00



## COVER LETTER

TO:

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Face and Body Solutions by Beth Name of Liv	nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Elizabeth Duckworth	Name of Person	
	Face and Body Solutions by Beth	Firm/Company	
	510 CR 466 suite 207	Address	
	Lady Lake FL 32159	City/State and Zip Code	
	E-mail address: (to be use ther information concerning this matter, plea	d for future annual report notifica	tion)
<u>Elizab</u>	eth Duckworth at ( at ( at ( at ( at (		ephone Number
	ed is a check for the following amount:  0 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 Addr Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ons er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A PROPERCY TO T. A.I.			
ARTICLE I - Name: The name of the Limited Lis	bility Company is:		
and hand of the Dillinot Div	ionity company io.		
m	b. B-45-14-0		
Face and Body Solutions (Must		iability Company, "L.L.C.," or "LLC	")
(IVIUSt	and with the words. Linkied E	rability Company, E.E.C., or EEC	. <i>)</i> '
ARTICLE II - Address:			
The mailing address and stre	et address of the principal offi	ce of the Limited Liability Company	is:
Principal Office Address:		Mailing Address:	
510 CR 466		510 CR 466	
suite 104b		suite 104b	
Lady Lake FL 32159		Lady Lake fl 32159	
ARTICLE III - Registered	Agent, Registered Office, &	Registered Agent's Signature:	
		egistered Agent. You must designate	an individual or
another business entity with	an active Florida registration.)	•	
The name and the Florida st	eet address of the registered a	gent are:	
Eliz	abeth Duckworth		
	Name		
301	11 Green Bay Drive		
	rida street address (P.O. Box N	OT acceptable)	
	` -	·	
<u>Tav</u>	ares	FL 32778	
	City	Zip	
the place designated in the capacity. I further agree to	nis certificate. I hereby accept to comply with the provisions of niliar with and accept the oblig	ce of process for the above stated limithe appointment as registered agent an all statutes relating to the proper and ations of my position as registered age 605, F.S	nd agree to act in this complete performance
	Epotell T	Jicksort	
	Registered Agent's Signatur	e (REQUIRED)	
	(CONTINUEI	<b>)</b> )	âu.
	(COMINION)	-,	
	Page i of 2		a Karaga Ct.
			<u> </u>

AMBR    Elizabeth Duckworth   30111 Green Bay Drive   Tavares FL 32778	Elizabeth Duckworth 30111 Green Bay Drive Tavares FL 32778  Elizabeth Duckworth 30111 Green Bay Drive Tavares FL 32778  Elizabeth Duckworth 30111 Green Bay Drive Tavares FL 32778  ment if necessary)  ive date, if other than the date of filing: 8/13/2014 (OPTIONAL)  s listed, the date must be specific and cannot be more than five business days prior to or 90  provisions, if any.  D SIGNATURE:  Signature of a member or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document onstitutes an affirmation under the penalties of perjury that the facts stated herein are true am aware that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s.817.155, F.S.)  Elizabeth Duckworth  Typed or printed name of signee  Filing Fees:  illing Fee for Articles of Organization and Designation of Registered Agent  Certified Copy (Optional)	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
WGR  Elizabeth Duckworth 30111 Green Bay Drive Tavares FL 32778  Elizabeth Duckworth 30111 Green Bay Drive Tavares FL 32778  V. Effective date, if other than the date of filing: 8/13/2014 (OPTIONAL) thive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any.  REQUIRED SIGNATURE:  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.)  Elizabeth Duckworth 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)	and the state of t	"MGR" = Manager	="		
Tavares FL 32778  Elizabeth Duckworth 30111 Green Bay Drive Tavares FL 32778   V: Effective date, if other than the date of filing: 8/13/2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Line 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.)  Elizabeth Duckworth Typed or printed name of signee  Filing Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Tavares FL 32778  Elizabeth Duckworth 30111 Green Bay Drive Tavares FL 32778  ment if necessary)  ive date, if other than the date of filing: 8/13/2014 (OPTIONAL)  s listed, the date must be specific and cannot be more than five business days prior to or 90  provisions, if any.  D SIGNATURE:  Signature of a member or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document onstitutes an affirmation under the penalties of perjury that the facts stated herein are true.  an aware that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s.817.155, F.S.)  Elizabeth Duckworth Typed or printed name of signee  Filing Fees;  illing Fee for Articles of Organization and Designation of Registered Agent Perifficate of Status (Optional)	AMBR			
Use attachment if necessary)  V: Effective date, if other than the date of filing: 8/13/2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signaturb 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.)  Elizabeth Duckworth 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)	Elizabeth Duckworth 30111 Green Bay Drive Tavares FL 32778  ment if necessary)  ive date, if other than the date of filing: 8/13/2014 (OPTIONAL)  is listed, the date must be specific and cannot be more than five business days prior to or 90  provisions, if any.  D SIGNATURE:  Signature of a member or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document onstitutes an affirmation under the penalties of perjuy that the facts stated herein are true, am aware that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s. 817.155, F.S.)  Elizabeth Duckworth Typed or printed name of signee  Filing Fees;  illing Fee for Articles of Organization and Designation of Registered Agent Perificate of Status (Optional)				
Use attachment if necessary)  V: Effective date, if other than the date of filing: 8/13/2014 (OPTIONAL)  tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  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.)  Elizabeth Duckworth  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)	30111 Green Bay Drive Tavares FL 32778  ment if necessary)  ive date, if other than the date of filing: 8/13/2014 (OPTIONAL)  solisted, the date must be specific and cannot be more than five business days prior to or 90 provisions, if any.  D SIGNATURE:  Signature of a member or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document onstitutes an affirmation under the penalties of perjury that the facts stated herein are true, am aware that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s.817.155, F.S.)  Elizabeth Duckworth Typed or printed name of signee  Filing Fees:  Illing Fee for Articles of Organization and Designation of Registered Agent described Copy (Optional)  Pertificate of Status (Optional)		Tavales FL 32116		
Use attachment if necessary)  V: Effective date, if other than the date of filing: 8/13/2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  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 my 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.)  Elizabeth Duckworth 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)	Tavares FL 32778  Tavares FL 3	MGR			
Use attachment if necessary)  V: Effective date, if other than the date of filing: 8/13/2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)  VI: Other provisions, if any.  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.)  Elizabeth Duckworth 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)	ment if necessary)  ive date, if other than the date of filing: 8/13/2014 (OPTIONAL)  is listed, the date must be specific and cannot be more than five business days prior to or 90 provisions, if any.  Designature 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 onstitutes an affirmation under the penalties of perjury that the facts stated herein are true, 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.)  Elizabeth Duckworth  Typed or printed name of signee  Filing Fees:  Certified Copy (Optional)  Certificate of Status (Optional)			<del></del>	
V: Effective date, if other than the date of filing: 8/13/2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)  VI: Other provisions, if any.  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.)  Elizabeth Duckworth  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	D SIGNATURE:  Signature of a member or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document omstitutes an affirmation under the penalties of perjury that the facts stated herein are true. am aware that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s.817.155, F.S.)  Elizabeth Duckworth Typed or printed name of signee  Filing Fees:  Siling Fee for Articles of Organization and Designation of Registered Agent Certificate of Status (Optional)		Tavares FL 32//8		_
V: Effective date, if other than the date of filing: 8/13/2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)  VI: Other provisions, if any.  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.)  Elizabeth Duckworth  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	D SIGNATURE:  Signature of a member or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document omstitutes an affirmation under the penalties of perjury that the facts stated herein are true. am aware that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s.817.155, F.S.)  Elizabeth Duckworth Typed or printed name of signee  Filing Fees:  Siling Fee for Articles of Organization and Designation of Registered Agent Certificate of Status (Optional)				_
V: Effective date, if other than the date of filing: 8/13/2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)  VI: Other provisions, if any.  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.)  Elizabeth Duckworth  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	D SIGNATURE:  Signature of a member or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document omstitutes an affirmation under the penalties of perjury that the facts stated herein are true. am aware that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s.817.155, F.S.)  Elizabeth Duckworth Typed or printed name of signee  Filing Fees:  Siling Fee for Articles of Organization and Designation of Registered Agent Certificate of Status (Optional)				
V: Effective date, if other than the date of filing: 8/13/2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)  VI: Other provisions, if any.  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.)  Elizabeth Duckworth  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	D SIGNATURE:  Signature of a member or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document omstitutes an affirmation under the penalties of perjury that the facts stated herein are true. am aware that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s.817.155, F.S.)  Elizabeth Duckworth Typed or printed name of signee  Filing Fees:  Siling Fee for Articles of Organization and Designation of Registered Agent Certificate of Status (Optional)				_
V: Effective date, if other than the date of filing: 8/13/2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)  VI: Other provisions, if any.  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.)  Elizabeth Duckworth  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	D SIGNATURE:  Signature of a member or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document omstitutes an affirmation under the penalties of perjury that the facts stated herein are true. am aware that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s.817.155, F.S.)  Elizabeth Duckworth Typed or printed name of signee  Filing Fees:  Siling Fee for Articles of Organization and Designation of Registered Agent Certificate of Status (Optional)		-		_
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.)  Elizabeth Duckworth  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	provisions, if any.  D SIGNATURE:  Signature of a member or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document postitutes an affirmation under the penalties of perjury that the facts stated herein are true. am aware that any false information submitted in a document to the Department of State postitutes a third degree felony as provided for in s.817.155, F.S.)  Elizabeth Duckworth  Typed or printed name of signee  Filing Fees:  Certified Copy (Optional)  Certificate of Status (Optional)	(Use attachment if necessary)			
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.)  Elizabeth Duckworth  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)	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. It is a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Elizabeth Duckworth  Typed or printed name of signee  Filing Fees:  Typical Copy (Optional)  Certificate of Status (Optional)	ective date is listed, the date must be spe of filing.)	ecific and cannot be more than five business days	prior to o	r 90
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.)  Elizabeth Duckworth  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)	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, 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.)  Elizabeth Duckworth  Typed or printed name of signee  Filing Fees:  Tiling Fees:  Tiling Fees:  Typed Copy (Optional)  Typed Copy (Optional)	ective date is listed, the date must be spe of filing.)	ecific and cannot be more than five business days	prior to o	r 90
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.)  Elizabeth Duckworth  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)	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, 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.)  Elizabeth Duckworth  Typed or printed name of signee  Filing Fees:  Tiling Fees:  Tiling Fees:  Typed Copy (Optional)  Typed Copy (Optional)	ective date is listed, the date must be spend filing.)  E VI: Other provisions, if any.			r 90
(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.)  Elizabeth Duckworth  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)	n 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, 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.)  Elizabeth Duckworth  Typed or printed name of signee  Filing Fees:  illing Fee for Articles of Organization and Designation of Registered Agent  certified Copy (Optional)  certificate of Status (Optional)	ective date is listed, the date must be spend filing.)  E VI: Other provisions, if any.		prior to o	r 90
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.)  Elizabeth Duckworth 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)	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.)  Elizabeth Duckworth  Typed or printed name of signee  Filing Fees:  illing Fee for Articles of Organization and Designation of Registered Agent Certified Copy (Optional)  certificate of Status (Optional)	REQUIRED SIGNATURE:	the Durkworth		r 90
Elizabeth Duckworth 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)	Elizabeth Duckworth Typed or printed name of signee  Filing Fees:  illing Fee for Articles of Organization and Designation of Registered Agent Certified Copy (Optional) Certificate of Status (Optional)	REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60:	mber or an authorized representative of a memb 5.0203 (1) (b), Florida Statutes, the execution of this	er.	
Elizabeth Duckworth 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)	Elizabeth Duckworth Typed or printed name of signee  Filing Fees:  illing Fee for Articles of Organization and Designation of Registered Agent Certified Copy (Optional) Certificate of Status (Optional)	REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 60: constitutes an affirmation unde I am aware that any false inforr	mber or an authorized representative of a memb 5.0203 (1) (b), Florida Statutes, the execution of this representatives of perjury that the facts stated herein mation submitted in a document to the Department of	er. s docume are true.	
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)	Typed or printed name of signee  Filing Fees:  illing Fee for Articles of Organization and Designation of Registered Agent Certified Copy (Optional)  certificate of Status (Optional)	REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 60: constitutes an affirmation unde I am aware that any false inforr	mber or an authorized representative of a memb 5.0203 (1) (b), Florida Statutes, the execution of this representatives of perjury that the facts stated herein mation submitted in a document to the Department of	er. s docume are true. of State	
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)	Filing Fees:  iling Fee for Articles of Organization and Designation of Registered Agent Certified Copy (Optional) Certificate of Status (Optional)	REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 60: constitutes an affirmation unde I am aware that any false infort constitutes a third degree felony	mber or an authorized representative of a memb 5.0203 (1) (b), Florida Statutes, the execution of this or the penalties of perjury that the facts stated herein mation submitted in a document to the Department of the year provided for in s.817.155, F.S.)	er. s docume are true. of State	
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	certified Copy (Optional)  Certificate of Status (Optional)	REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 60: constitutes an affirmation unde I am aware that any false infort constitutes a third degree felony	mber or an authorized representative of a memb 5.0203 (1) (b), Florida Statutes, the execution of this or the penalties of perjury that the facts stated herein mation submitted in a document to the Department of the year provided for in s.817.155, F.S.)	er. s docume are true. of State	nt
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Certified Copy (Optional) Certificate of Status (Optional)	REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 60: constitutes an affirmation unde I am aware that any false infort constitutes a third degree felony	mber or an authorized representative of a memb 5.0203 (1) (b), Florida Statutes, the execution of this or the penalties of perjury that the facts stated herein mation submitted in a document to the Department of y as provided for in s.817.155, F.S.)  worth  Typed or printed name of signee	er. s docume are true. of State	The Action
\$ 5.00 Certificate of Status (Optional)	Certificate of Status (Optional)	E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 60: constitutes an affirmation unde I am aware that any false infort constitutes a third degree felom  Elizabeth Ducky	mber or an authorized representative of a memb 5.0203 (1) (b), Florida Statutes, the execution of this or the penalties of perjury that the facts stated herein mation submitted in a document to the Department of y as provided for in s.817.155, F.S.)  worth  Typed or printed name of signee  Filing Fees:	er. s documer are true. of State	nt 16 AdS:
		E VI: Other provisions, if any.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 60: constitutes an affirmation unde I am aware that any false inforr constitutes a third degree felom  Elizabeth Ducky	mber or an authorized representative of a memb 5.0203 (1) (b), Florida Statutes, the execution of this or the penalties of perjury that the facts stated herein mation submitted in a document to the Department of y as provided for in s.817.155, F.S.)  worth  Typed or printed name of signee  Filing Fees:	er. s documer are true. of State	nt 16 AdS:
	Page 2 of 2	REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 60: constitutes an affirmation unde I am aware that any false inforr constitutes a third degree felom Elizabeth Ducky	mber or an authorized representative of a memb 5.0203 (1) (b), Florida Statutes, the execution of this or the penalties of perjury that the facts stated herein mation submitted in a document to the Department of y as provided for in s.817.155, F.S.)  worth  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent	er. s documer are true. of State	nt 16 Adis :
To the contract of the contrac	Page 2 of 2	REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60: constitutes an affirmation unde I am aware that any false infort constitutes a third degree felom Elizabeth Ducky	mber or an authorized representative of a memb 5.0203 (1) (b), Florida Statutes, the execution of this or the penalties of perjury that the facts stated herein mation submitted in a document to the Department of y as provided for in s.817.155, F.S.)  worth  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent	er. s documer are true. of State	nt Add to his
Page 2 of 2	Lage V U L	E VI: Other provisions, if any.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 60: constitutes an affirmation unde I am aware that any false infort constitutes a third degree felom  Elizabeth Ducky	mber or an authorized representative of a memb 5.0203 (1) (b), Florida Statutes, the execution of this or the penalties of perjury that the facts stated herein mation submitted in a document to the Department of y as provided for in s.817.155, F.S.)  worth  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent	er. s docume are true. of State	nt 16 Add to Kil

ARTICLE IV-