

L14000134448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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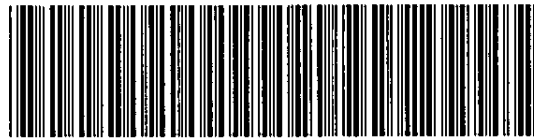
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 AUG 28 AM 8:24
TO AGENCY/LEDGE
SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
2014 AUG 28 AM 8:32

AUG 28 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Spice Palette, LLC

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:

William Hollimon

Name of Person

Hollimon, P.A.

Firm/Company

118 N. Gadsden St

Address

Tallahassee, FL 32301

City/State and Zip Code

bill@hollimonpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Hollimon

Name of Person

at (850) 320.8515

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

ARTICLES OF ORGANIZATION FOR

The Spice Palette, LLC

(A Florida Limited Liability Company)

APPROVED
FILED
14 AUG 28 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
COMPANY NAME

The name of this limited liability company is The Spice Palette, LLC, hereinafter referred to as "the Company" or "The Spice Palette."

ARTICLE II
PRINCIPAL OFFICE OF THE COMPANY

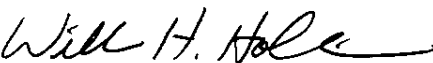
The Company shall be at all times a limited liability company under the provisions of Chapters 605, Florida Statutes. The principal place of business and mailing address for the Company is 5664 Burnside Circle, Tallahassee, Florida, 32312.

ARTICLE III
REGISTERED AGENT

The name and Florida street address of the registered agent of the Florida for Profit Corporation is:

William H. Hollimon, 118 N. Gadsden St., Tallahassee, FL 32301

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..



Registered Agent's Signature

ARTICLE IV
MANAGING MEMBERS

The name and address of each Managing Member is as follows:

Title:

"MGRM" = Managing Member

Name and Address:

MGRM

Victoria Maleszewski
5664 Burnside Circle
Tallahassee, FL 32312

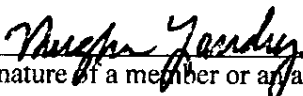
MGRM

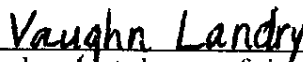
Vaughn Landry
5664 Burnside Circle
Tallahassee, FL 32312

ARTICLE V
EFFECTIVE DATE

The effective date of this limited liability company is the date of filing with the Florida Department of State.

REQUIRED SIGNATURE


Signature of a member or an authorized representative of a member.
(In accordance with section 605, Florida Statutes, the execution
of this document constitutes an affirmation under the penalties of perjury
that the facts stated herein are true.)


Typed or printed name of signee