## L14000152529

(Re	questor's Name)						
(Address)							
(Ad	dress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nan	ne)					
· (Do	cument Number)						
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							

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SECKETARY OF STATE ALLAHASSEE, FLORIDA

SEP 3 0 2014

T. BROWN

**₩** ТО:

¥	TO: Registration Section Division of Corporations							
	SUBJECT: T'KAYE TSHIRT CUSTOMIZATION, 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:								
	Bridget MooreName of Person							
	T'KAYE TSHIRT CUSTOMIZATION, LLC Firm/Company							
	11309 SW 200 Street, 202C Address							
	Cutler Bay, Florida 33157  City/State and Zip Code							
brijole@yahoo.com  E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
	Bridget Moore at ( 786 ) 267-5997  Name of Person Area Code Daytime Telephone Number							
ī	Enclosed is a check for the following amount:  \$\begin{align*} \begin{align*} \text{\$130.00 Filing Fee & } & \text{\$\$155.00 Filing Fee & } & \$	)						
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301							



September 16, 2014

BRIDGET MOORE T'KAYE T-SHIRT CUSTOMIZATION, LLC 11309 SW 200 STREET STE C202 CUTLER BAY, FL 33157

SUBJECT: T'KAYE T-SHIRT CUSTOMIZATION, LLC

Ref. Number: W1400056660

We have received your document for T'KAYE T-SHIRT CUSTOMIZATION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 10, 2014. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 314A00019843

ARTICLES OF ORGANIZATION FOR FL	Liability Company, "L.L.C.," or "LLC.")
ARTICLE I - Name:	FE SE THE
The name of the Limited Liability Company is:	2 2
, , ,	70 0 M
	<b>巻き</b>
T'KAYE TSHIRT CUSTOMIZATION, LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	Liability Company, "L.L.C.," or "LLC.")
The mailing address and street address of the principal off	ice of the Limited Liability Company is:
ine maning address and street address of the principal off	ice of the Elimica Elabrity Company is.
Principal Office Address:	Mailing Address:
<del>-</del>	
11309 SW 200 Street, 202C	11309 SW 200 Street, 202C
Cutler Bay, Florida	Cutter Bay, Florida
33157	.33157
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Bridget Moore	
Name	***
Ivanic	
11309 SW 200 Street, 202C	
Florida street address (P.O. Box	NOT acceptable)
Cutler Bay	FL 33157
City	Zip
Having been named as registered agent and to accept serv	vice of process for the above stated limited liability company a

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..

(CONTINUED)

ered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Arielle Johnson
	11309 SW 200 Street, 202C
	Cutler Bay, Florida 33157
AMBR	Simone Sullivan
	10525 Boyette Creek Blvd
	Riverview, Florida 33569
AMBR	Bridget Moore
	11309 SW 200 Street, 202C
	Cutler Bay, Florida 33157
MGR	John Sullivan
	10525 Boyette Creek Blvd
	Riverview, Florida 33569
E V: Effective date, if other than the date ective date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be sport filling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the date ective date is listed, the date must be sport filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60)	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature via me (In accordance with section 60 constitutes an affirmation under the constitutes are affir	ember or an authorized representative of a member.  25.0203 (1) (b). Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  The mation submitted in a document to the Department of State
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E V: Effective date, if other than the date ective date is listed, the date must be sport filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature via me (In accordance with section 60 constitutes an affirmation under I am aware that any false information constitutes a third degree felomatic bridget Moore  S125.00 Filing Fee for Articles of Organical Signature (In accordance with section 60 constitutes a third degree felomatic bridget Moore)	ember or an authorized representative of a member.  15.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)  Typed or printed name of signee
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

<u>Title:</u> "AMBR" = Authorized Member		Name and Address:		
"MGR" = Manager MGR		Kay Dawson 17900 SW 102 Avenue Perrine, Florida 33157		
(Use attachment if neces	•	I cannot be more than five busine		
If an effective date is listed, the he date of filing.)  ARTICLE VI: Other provisions, i		l cannot be more than five busine	ss days prior to or 90 days after	
REQUIRED SIGNAT	$(\mathcal{O}_{\mathcal{A}})_{\wedge}$		·	
(In accordance constitutes an I am aware tha	with section 605.0203 (1 affirmation under the penation surplination s	an authorized representative of a l) (b), Florida Statutes, the execution alties of perjury that the facts stated bmitted in a document to the Depaided for in s.817.155, F.S.)	on of this document d herein are true.	
1	Bridget Moore Typed o	or printed name of signee		

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

**ARTICLE IV-**

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)