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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	Iv



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OCT 2 4 2014

T. BROWN

COVER LETTER

9m.,	TO:	Registration Section Division of Corporations		
	SUBJE	CT: <u>007 Merchandising, LLC</u> Name of L	Limited Liability Company	
		losed Articles of Organization and fee(s)		
	Tiease is	LaDonna Bond	Name of Person	
		007 Merchandising, LLC	Firm/Company	
		921 Buckles Rd	Address	
		Pierson, Florida, 32180	City/State and Zip Code	
	Lra	ebond77@gmail.com E-mail address: (to be us	sed for future annual report notification)	
	For furt	ner information concerning this matter, pl	lease call:	
	LaDon	na Bond at Name of Person	(386) 299-2936 Area Code Daytime Telephone Number	
	_	d is a check for the following amount: Filing Fee \$\square\$	□\$155.00 Filing Fee & □\$160.00 Filing Certified Copy (additional copy is enclosed)	Status &
		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	



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2014

LADONNA BOND 007 MERCHANDISING, LLC 921 BUCKLES RD PIERSON, FL 32180

SUBJECT: 007 MERCHANDISING, LLC

Ref. Number: W14000057658

We have received your document for 007 MERCHANDISING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Letter Number: 314A00020182

Teresa Brown Regulatory Specialist II

www.sunbiz.org

TO THE STATE OF TH ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE 1 - Name:** The name of the Limited Liability Company is: ODT More than disting. ELG. The Mere eartile Stare, LL (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: **Mailing Address:** Principal Office Address: 921 Buckles Rd 921 Buckles Rd Pierson, Florida 32180 Pierson, Florida, 32180 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: LaDonna Bond Name 921 Buckles Rd Florida street address (P.O. Box NOT acceptable) Pierson,

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized M	ember
"MGR" = Manager	
MGR	LaDonna Bond
	921 Buckles Rd
	Pierson, FI 32180
-	
(Use attachment if necessa	ry)
ective date is listed, the da	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or 9
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ARTICLE IV-