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(F	Requestor's Name)
	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:



400267235084

12/16/14--01013--014 **160.00



Office Use Only

EFFECTIVE DATE 12/14

DEC 2.2 IE.

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Uncommon Darma	ts LLC.		
	nited Liability Company	<u> </u>	
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this management	-		
	and to the following.		
Andrea Crews			
	Name of Person		
		r	
	Firm/Company		
459 STT ALE			
	Address		
Q+ Date am == E1	33706	·	
SI- POR BROCH, FL	ity/State and Zip Code	Superior Control Contr	
E-mail address: (to be used	d for future annual report notifica	ation)	
For further information concerning this matter, plea	se call:	SEE SEE	5
			空 。
Andrea (rews at ($\frac{12}{\text{Area Code}} \frac{923 - 78}{\text{Daytime Te}}$	lephone Number	သ
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 enclos	ed)
Mailing Address	Street/Courier Add	ress	
Registration Section	Registration Section	.t	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Un common Doormato (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ee of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Andrea Crews 459 87th Ave St. Pete Beach, FL 33706	Andrea Crews 459 87th Ave St. Pete Beach, FL 33706
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)	gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	ent are:
Andrea Crey	<i>~15</i>
_ 469 87th Av	<u>e</u>
Florida street address (P.O. Box N	
St Petc Beach	1 FL 33706
City	Zip
the place designated in this certificate, I hereby accept th capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obliga	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
Andra Co	
Registered Agent's Signature	e (REQUIRED)
(CONTINUED	
Page 1 of 2	EE CO 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

EFFECTIVE DATE_ 12/12/14

<u>Title:</u>	
	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MARIA AMBR	Andrea Crews
	459 87th Ave
	St. Peter Beach, FL 33706
MGR	Matthew Woser
	459 87th Ave
	St Pete Beach, FL 33700
	
	10
ffective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
ffective date is listed, the date must be s e of filing.)	te of filing:
ffective date is listed, the date must be s e of filing.)	te of filing: 12-12-14 (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
ffective date is listed, the date must be set of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 da
ffective date is listed, the date must be se of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 da
ffective date is listed, the date must be set of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man (In accordance with section 6	nember or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info constitutes a third degree felo	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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