(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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Certified Copies Certificates of Status
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COVER LETTER TO: **Registration Section Division of Corporations** SUBJECT: The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

S130.00 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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Unability 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:
Principal Office Address: 3601 Breaders Cup Ct. Gotha, FC 34734 Mailing Address: 3601 Breeders Cup Ct. Gotha, FC 34734
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: Name October 100 100 100 100 100 100 100 100 100 10
Florida street address (P.O. Box NOT acceptable) Gotha FL 34734 City Zip
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)
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> 'AMBR" = Authorized Member 'MGR" = Manager	Name and Address:
C.E.O	Tattleen 1 Jensen
MGR	Slan Al. Jensen 3601 B ceeders Cup Gotha, FC 34734
Use attachment if necessary)	
EV: Effective date, if other than the date ctive date is listed, the date must be s	te of filing: Filing Jake (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the datective date is listed, the date must be s f filing.)	te of filing: Filing Jake (OPTIONAL) specific and cannot be more than five business days prior to or 9
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EV: Effective date, if other than the date ctive date is listed, the date must be s f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	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. Formation submitted in a document to the Department of State boyy as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ctive date is listed, the date must be s f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

State of Florida Department of State

I certify from the records of this office that BRIDAL BY DESIGN is a Fictitious Name registered with the Department of State on March 5, 2015.

The Registration Number of this Fictitious Name is G15000023619.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Sixth day of March, 2015

Secretary of State



Authentication ID: 300270290133-030615-G15000023619

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html