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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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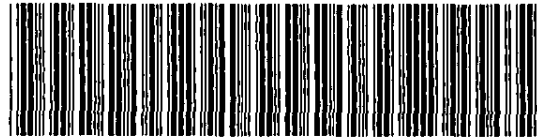
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CONSULAR AFFAIRS
15 APR 14 PM 2:09
NOTIFICATION
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

15 APR 14 PM 2:16
DEPARTMENT OF STATE
DIVISION OF CONSULAR AFFAIRS

APR 14 2015
CHUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Draped N Gold, 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:

Shantavia Solomon

Name of Person

Draped N Gold, LLC

Firm/Company

3982 Ramer Court

Address

Tallahassee, Florida 32303

City/State and Zip Code

shantavia07@yahoo.com

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

For further information concerning this matter, please call:

Shantavia Solomon

Name of Person

at (850)

Area Code

210-3176

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Draped N Gold, LLC

(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:

Principal Office Address:

Mailing Address:

3982 Remer Court
Tallahassee, Florida 32303

3982 Remer Court
Tallahassee, Florida

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:

Shantavia Solomon
Name

3982 Remer Court
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32303
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..

Shantavia Solomon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 APR 14 PM 2:16
SHANTAVIA SOLOMON
3982 REMER COURT
TALLAHASSEE, FL 32303

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Shantavia Solomon

3982 Remer Court

Tallahassee, Florida 32303

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 14, 2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Shantavia Solomon

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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2015