L15000065775

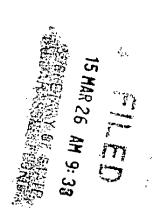
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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01/20/15--01021--012 **125.00



Takes NB 18 MIN



January 30, 2015

CHAMELLIA LEWIS 5005 ELFRIDA AVE SARASOTA, FL 34235

SUBJECT: GROOMIN BY CAMI LLC

Ref. Number: W15000006794

We have received your document for GROOMIN BY CAMI 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):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 715A00001890

COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	CARDOMING by CAMI Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
_	Chamellia Lewis Name of Person
	Name of Person
	Grooming by Cami Firm/Company
	Firm/Company
	5005 Elfrida Avenue Address
_	Address
	Sarasota, FL 3423S City/State and Zip Code Chamellia Lewis @ gmail.com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	Chamellia Lewis @gmail.com E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
Cham	Name of Person Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:
\$125.00 Fili	ing Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) 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:

Grooming by (Must end with the words "Limited	Cam'ı LL C. Liability Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Address: The mailing address and street address of the principal of		
Principal Office Address:	Mailing Address:	
5005 Elfrida Ave Sarasota, FC 34235	5005 Effida Ave Sarasota, FL 3423 S	- - -
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an indiv	idual or
The name and the Florida street address of the registered	agent are:	
<u>Chamellia Le</u> Name	wis	
5005 EIFrida Florida street address (P.O. Box	NOT acceptable)	
<u>Sarasota</u>	FL 3423S Zip	
Having been named as registered agent and to accept sen the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl Chapi	t the appointment as registered agent and agree of all statutes relating to the proper and complete	to act in this e performance
Registered Agent's Signal	ture (REQUIRED)	
(CONTINII	ED)	2

Page 1 of 2

<u>Title:</u>	Name and Address:	
'AMBR" = Authorized Member		
"MGR" = Manager	Or and War I am	
AMBR	Chamellia Lewis	-
	500S Elfcida Ave	-
	Sarasota, FL 34235	-
		-
		-
		-
		_
		_
		_
		-
		_
EV: Effective date, if other than the date ctive date is listed, the date must be sp	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or	90 day
E V: Effective date, if other than the date ective date is listed, the date must be sp f filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or	90 day
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E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or	90 day
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E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6)	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document	
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