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| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT              | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | Certificates      | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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Office Use Only



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SECRETARY OF STATE

WAP

## **COVER LETTER**

| TO: Registratio<br>Division of   | n Section<br>Corporations                    |  |   |
|----------------------------------|--|--|---|
| SUBJECT: Gutsy(                  | Girl Designs, LLC<br>Name of Li              | mited Liability Company  |   |
| The enclosed Articles            | s of Organization and fee(s) a               | are submitted for filing.  |   |
| Please return all corre          | espondence concerning this n                 | natter to the following:   |   |
| Heather                          | Rivera-Hintz                                 | Name of Person   |   |
| <u>GutsyGi</u>                   | rl Designs, LLC                              |  |   |
|                                  |  | Firm/Company   |   |
| 911 Rido                         | geway Drive                                  | Address  |   |
|                                  |  | 71441005   |   |
| <u>North Fo</u>                  | rt Myers, FL 33903<br>(                      | City/State and Zip Code  |   |
| gutsygirldesign                  | s and a 40-hoo.                              | ed for future annual report notific                                | ation)  |
| For further information          | on concerning this matter, ple               | ase call:  |   |
| <u>Heather Rivera-Hin</u><br>Nar | tzat (at (at (at (at (at (at (at (at (       | 440 ) 263-6016<br>Area Code Daytime Te                             | lephone Number  |
| Enclosed is a check for          | or 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| <u>Ma</u>                        | iling Address                                | <u>Street/Courier Add</u>  | ress TO   |

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

SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| GutsyGirl Designs, LLC   |   |
|--|---|
| (Must end with the words "L  | imited Liability Company, "L.L.C.," or "LLC.")    |
| ARTICLE II - Address: The mailing address and street address of the princ            | cipal office of the Limited Liability Company is: |
| Principal Office Address:  | Mailing Address:                                  |
| 911 Ridgeway Drive   | 911 Ridgeway Drive                                |
| North Fort Myers, FL 33903   | North Fort Myers, FL 33903                        |
| The control of the Therida street address of the second                              | ictered agent are:                                |
| The name and the Florida street address of the reg  Heather Rivera-Hintz             | Name  |
| Heather Rivera-Hintz 911 Ridgeway Drive  | Name  |
| Heather Rivera-Hintz 911 Ridgeway Drive  |   |
| Heather Rivera-Hintz  911 Ridgeway Drive Florida street address (P. North Fort Myers | O. Box <u>NOT</u> acceptable)  FL 33903           |
| Heather Rivera-Hintz  911 Ridgeway Drive Florida street address (P.                  | O. Box NOT acceptable)                            |

(CONTINUED)

Agent's Signature (REQUIRED)

Page 1 of 2

15 APR 10 PH 4: 08
SECRETARY OF STATE
FALLAHASSEF FLORIDA

| Title: "AMBR" = Authorized Member   | Name and Address:   |
|---|---|
| "MGR" = Manager   |   |
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| (Use attachment if necessary)   |   |
| fective date is listed, the date must be s  | tte of filing:  |
| fective date is listed, the date must be so of filing.)   | ate of filing:  |
| ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.   | nte of filing:  |
| fective date is listed, the date must be sof filing.)  LE VI: Other provisions, if any.   | specific and cannot be more than five business days prior to or 90 o  |
| fective date is listed, the date must be sof filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  | specific and cannot be more than five business days prior to or 90 s  |
| REQUIRED SIGNATURE:  Signature/qf in accordance with section of filing.   | number or an authorized representative of a member.   |
| REQUIRED SIGNATURE:  Signature/qf in accordance with section of constitutes an affirmation un   | number 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.  |
| REQUIRED SIGNATURE:  Signature of a constitutes an affirmation un I am aware that any false infe  | number 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   |
| REQUIRED SIGNATURE:  Signature of a constitutes an affirmation un I am aware that any false infe  | number or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the peralties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)  |
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| REQUIRED SIGNATURE:  Signature/ql in (In accordance with section of constitutes an affirmation un I am aware that any false infoconstitutes a third degree felo   | number or an authorized representative of a member. 605.0203 (1) (6), 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 only as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:   |
| REQUIRED SIGNATURE:  Signatur of an accordance with section of constitutes an affirmation un I am aware that any false infection of constitutes a third degree felse.  S125.00 Filing Fee for Articles of O | number or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the peraltiles of perjury that the facts stated herein are true. formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: Organization and Designation of Registered Agent |
| REQUIRED SIGNATURE:  Signature/ql in (In accordance with section of constitutes an affirmation un I am aware that any false infoconstitutes a third degree felo   | number or an authorized representative of a member. 605.0203 (1 %), 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 ony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: Organization and Designation of Registered Agent     |

Page 2 of 2