

L15000075/92

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

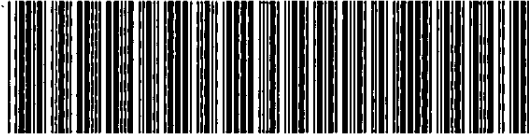
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/17/15--01030--009 **155.00

FILED
15 APR 17 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 29 2015

ATKIN LAW FIRM
Attorney at Law
P.O. Box 2856
Ft. Myers, FL 33902

(239) 337-4477

(Fax) (239) 337-5376

April 13, 2015

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

Re: Show It Off Designer Handbags, LLC

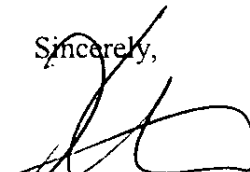
Gentlemen:

Enclosed are the original and one copy of Articles of Organization for Florida Limited Liability Company for the above company. Please file the original and return a certified copy of the Articles to this office. A check in the amount of \$155.00 is enclosed.

Please return all correspondence concerning this matter to me at the above address.

Your cooperation in this matter is appreciated.

Sincerely,



Howard Atkin

HA/spe
Enclosure
cc: Client

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHOW IT OFF DESIGNER HANDBAGS, 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:

27221 State Road 56 Suite 192

Wesley Chapel, FL 33544

27221 State Road 56 Suite 192

Wesley Chapel, FL 33544

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:

Sandra Levatte

Name

27221 State Road 56, Suite 192

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

Wesley Chapel

FL 33544

City

Zip

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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.

Sandra Levatte

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Sandra Levatte

27221 State Road 56 Suite 192

Wesley Chapel, FL 33544

(Use attachment if necessary)

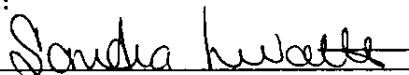
ARTICLE V: Effective date, if other than the date of filing: n/a (OPTIONAL)

(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.

n/a

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.)

Sandra Levatte

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)