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(Re	questor's Name)	
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lipstick, Heels and a Bary 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:
JESSICA FAY Name of Person
Name of Person
Firm/Company
59 Woodland Orive
Santa Rosa Beach, Florida 32459
Santa Rosa Beach, Florida 32459  City/State and Zip Code  lipstickneels and a baby a gmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JESSICA FAY at (828) 112 -0305  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\bigsiz \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$

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

# ARTICLE II - Name: The name of the Limited Liability Company is: LIPSTICK HELIS And ABAM LUC (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: Mailing Address: 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: LISSICA FAM Name SA WOOD AND DIVE Florida street address (P.O. Box NOT acceptable) SANTA RUSA BARAN FL 32459

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)

(CONTINUED)

Page 1 of 2

itle: AMBR" = Authorized Member MGR" = Manager	Name and Address:
MGR" = Manager MGK	
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