# LIS 0000 86 584

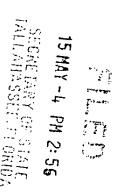
(Requestor's Name)	_
(Address)	_
(Address)	_
	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
g - mag	
,	

Office Use Only



900272341129

05/04/15--01010--003 \*\*160.00



A STAVETS MAY 0 7 2015

#### COVER LETTER .

TO: Registration Section Division of Corporations
SUBJECT: Mame of Limited Liability Company Tonya, LLC.
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tonya FREUND Name of Person
MIVER Ending COLORS by Tonya, LLC
1872 SE. Fallon DR. Address
PORT St. LUCIR FL. 34983 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tonya FREUND at (772) 521, 3554  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee \$ \$155.00 Filing Fee \$ \$160.00 Filing Fee, Certificate of Status \$ Certificate of Status

## **Mailing Address**

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

### Street Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICI</b>	Æ I -	Name:
---------------	-------	-------

The name of the Limited Liability Company is:

Mever Ending Colors by Tonya LLC.

(Must end with the words "Limited Liability Company, "L.L.E.," 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:
1872 S.E. Fallon DR.	1872 SE. Fallon DR.
PORT ST. LUCIE, FL.	PORT IT LUCIE, FL.
134983	3498

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:

Tonya FREUNA

Name

1872 S.E. Fallon QR.

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

Port St. Lucie, FL 34983

City State 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	/
AMBR	Tonya FREYING
	1872 St. (allon DK.
	PORT SI. CUCIK, FC. 34402
EV: Effective date, if other than the ective date is listed, the date must b	·
ective date is listed, the date must b of filing.)	e specific and cannot be more than five business days prior to or 90 conot meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the ective date is listed, the date must bot filing.) the date inserted in this block does ment's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 conot meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the ective date is listed, the date must bof filing.) the date inserted in this block does ment's effective date on the DepartmE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 conot meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the ective date is listed, the date must bof filing.)  the date inserted in this block does ment's effective date on the Department's effective date on the Department's effective date.	e specific and cannot be more than five business days prior to or 90 content the applicable statutory filing requirements, this date will not be ment of State's records.
E V: Effective date, if other than the ective date is listed, the date must bof filing.) the date inserted in this block does ment's effective date on the Departm E VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 conot meet the applicable statutory filing requirements, this date will not be ment of State's records.
E V: Effective date, if other than the ective date is listed, the date must bof filing.)  the date inserted in this block does ment's effective date on the Department's effective date on the	a member or an authorized representative of a member.
E V: Effective date, if other than the ective date is listed, the date must bof filing.)  the date inserted in this block does a ment's effective date on the Department's effective date on th	a member or an authorized representative of a member.  section 605.0203 (1) (b), Florida Statutes, the execution of this documentation under the penalties of perjury that the facts stated herein after true false information submitted in a document to the Department of State.
E V: Effective date, if other than the ective date is listed, the date must bof filing.)  the date inserted in this block does a ment's effective date on the Department's effective date on th	a member or an authorized representative of a member.  section 605.0203 (1) (b), Florida Statutes, the execution of this documentation under the penalties of perjury that the facts stated herein after true.
E V: Effective date, if other than the ective date is listed, the date must bof filing.)  the date inserted in this block does a ment's effective date on the Department's effective date on th	a member or an authorized representative of a member.  section 605.0203 (1) (b), Florida Statutes, the execution of this documentation under the penalties of perjury that the facts stated herein affective false information submitted in a document to the Department of State; agree felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the ective date is listed, the date must but filing.) the date inserted in this block does ment's effective date on the Department's effective date on the D	a member or an authorized representative of a member.  a member or