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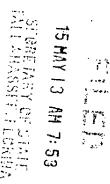
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sea Side Corrage Artisan Soaps LLC 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:
Victoria Livingston Name of Person
Name of Person
Firm/Company
P.O.Box 917844  Address
Longwood, FL 32791  City/State and Zip Code
City/State and Zip Code
Victorialivingston@me.com  E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Victoria Livingston at 407, 102-0712  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status  \$130,00 Filing Fee Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, 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

The name of the Limited Liability Company is:
Seaside Cottage Artisan Scaps 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:  920 Wekiva Springs rd #917844 Longwood, FL 32791  P.O.Box, 917844 Longwood, FL 32791
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:
VIKTORYA LIVINGSTON
Name
17301 Pagonia Road Swite 230 C Florida street address (P.O. Box NOT acceptable)
Clermont, FL 34711 City State Zip
City State Zip
daving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m 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

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	Victoria Livingston
	P.O.BOX 917844 Longwood, FL 32791
	307-800-11-5-32-77
<del></del>	
	<del></del>
(Use attachment if necessary)  EV: Effective date, if other than the octive date is listed, the date must be filling.)	date of filing:
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E V: Effective date, if other than the octive date is listed, the date must be filing.)  E VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the octive date is listed, the date must be filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section)	member or an authorized representative of a member.
E V: Effective date, if other than the octive date is listed, the date must be filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein arctifue.
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E V: Effective date, if other than the octive date is listed, the date must be filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation under a management of the constitutes and affirmation under a management of the constitutes and affirmation under a management of the constitutes are affirmation under a management of the constitutes and affirmation under a management of the constitutes and affirmation under a management of the constitutes are affirmation under a management of the constitutes and affirmation under a management of the constitutes are a management of the consti	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State.

Page 2 of 2