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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-UI	P 🗍 WAIT	MAIL
<u></u>	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	itatus
Special Instructions	s to Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DRESS A NAKED WINDOW?  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:
URSULA FRANUE Name of Person
DRESS A NAVED WINDOW? "LLC"
2637 BILT MORE WAY
SARASOTA FLORDA 34231  City/State and Zip Code  UYSI Whi @ Yahoo. (OM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
URSULA FRANKE at (941) 284 - 9309  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 Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

## **Mailing Address**

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

# Street 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:	
DRESS A NAKED WINDOW	12 "L.L.C."
(Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	The contract of the contract o
The mailing address and street address of the principal office of the l	Limited Liability Company is:
Principal Office Address:	Mailing Address:
2637 BILTMORE WAY	2637 BILTMORE WAY
SARASOTA, FL 34231	SARASOTA FL 34231
ADTICLE III Degistered Agent Degistered Office & Degistery	nd Agent's Signature:

ICLE 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:

ARTICLE I - Name: -

URSULA FRANKE 2637 BILT MORE WAY
Florida street address (P.O. Box NOT acceptable)

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: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	URSULA FRANKE
	SHRASOTA TO 3423:1.
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(Use attachment if necessary)	
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Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)