# L15000119436

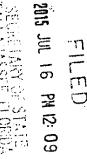
(Re	questor's Name)	
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<b>,</b>	,	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D.,	-: F-1:4 · NI	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
•	_	
Special Instructions to	Filing Officer:	





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07/16/15--01017--015 \*\*125.00



#### COVER LETTER

SUBJECT: My Shower T, LLC. Name of Limited Liability Company						
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:						
Nhiem Le Name of Person						
My Shower T. LLC.						
3903 Elrod Ave						
Tampa FL 33616						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
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) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						

# Mailing Address

Registration Section Division of Corporations

TO:

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

A	١	R	T	ľ	C	L	E	ľ	-	ľ	٧	a	m	e	:
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

The name of the Limited Liability Company is:

(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:

3903 Elrod Ave 3903 Elrod Ave

Tampa, FL 33616 Tampa FL 33616

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:

Nhiem Le

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

Tampa FL 33616

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..

egistered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

The name and address of each person authorized	to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	*//:
Manager/Member  AMBR/Secretary	Nhiem Le
,	19mpa
AMBR Secretary	Sherry Lilly
H Sitter Control	500 South Himes Ave
	#48 #48
	Tampa, FL 33604
(Use attachment if necessary)	7/15/15
ARTICLE V: Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and the date of filing.)	d cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State's	s records.
ARTICLE VI: Other provisions, if any.	•
REQUIRED SIGNATURE:	一
Thomas	5 5 E
Signature of a member or	an authorized representative of a member.
(In accordance with section 605.0 constitutes an affirmation under the	203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
I am aware that any false information	tion submitted in a document to the Department of States
constitutes a third degree felony a	is provided for in s.817.155, F.S.)
Nhiem C	<u>Le</u>
Nhiem C Typed	or printed name of signee
1	Filing Fees:
\$125.00 Filing Fee for Articles of Organizatio	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	
a 2.00 certificate of Status (Optional)	

ARTICLE IV-