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SECRETARY OF STATE
FALLAHASSEE, FLORID

THE CHIVED

COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: Fashion for Us, 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:
Quenisha S.T. Brockman
Firm/Company
10749 Sycamone Ridge Lane
City/State and Zip Code City/State and Zip Code Chenishabeymail. Com 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
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$125.00 Filing Fee & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

tushion for Us, 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 I	∟iability Company is:
Principal Office Address:	Mailing Address:
10749 Sycamore Didge Lone	
Tallarassce, FL 20305	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. Y another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	15 TALL
Qwenisha s.T.	Brockman & ART
• • • • • • • • • • • • • • • • • • • •	E KIGE LUNG
Tallamosee FL	32305 5 95

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..

State

(CONTINUED)

Page 1 of 2

Zip

Title: "AMBR" = Authoriz	Name and Address:
"MGR" = Manager	Quenisha S. T. Brocks 10749 Syramore Right Tallanasser, Fr. 32305
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 -	
ffective date is listed, i e of filing.)	other than the date of filing: (OPTIONAL) are date must be specific and cannot be more than five business days prior to or 90
LEV: Effective date, ffective date is listed, is of filing.) If the date inserted in toument's effective date	other than the date of filing:
LEV: Effective date, ffective date is listed, is of filing.) If the date inserted in taument's effective date	other than the date of filing:
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CLE V: Effective date, ffective date is listed, to of filing.) If the date inserted in transment's effective date in the cate	Ture: Cother than the date of filing:
CLE V: Effective date, ffective date is listed, to e of filing.) If the date inserted in total cument's effective date in the case of the comment's effective date in the case of the cas	other than the date of filing:
CLE V: Effective date, ffective date is listed, to e of filing.) If the date inserted in total cument's effective date in the case of the comment's effective date in the case of the cas	TURE: Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. Exercise the supplication of state in formation submitted in a document to the Department of State.

ARTICLE IV-