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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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AUG 18 2015 **I ALBRITTON**

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Willow RAbbit Home A	and GARden, LLC
Name of Limited Liabi	lity Company
The enclosed Articles of Organization and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	following:
Diane L. Hawkins	
Name o	f Person
Willow Rabbit Hom	e and GARden, LLC
Firm/C	ompany
Mai P.O. Box 1919 X	e and Garden, LLC ompany 840 27th Ave Vero Beach ress Fh. 32960
Add	ress VEL . 82960
Vero Beach, FL 32	
City/State a	nd Zip Code
dhawkins 1313@Be	1/500th.net
E-mail address: (to be used for future	
	rect #
For further information concerning this matter, please call:	(1 CO)000 4.
	annual report notification) Correct # Correct #
Diane Hawkins at 172) 552 25-1
Name of Person Area Code	Daytime Telephone Number Nove Vorce mail when I working in the shop work ing with tools 00 Filing Fee & \$160.00 Filing Fee,
-	have voice man when I
Enclosed is a check for the following amount:	working in the snot work
Enclosed is a check for the following amount.	ing with tools
	Ted Copy Certificate of Status & Certified Copy
·	(additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2015

DIANE L. HAWKINS P.O. BOX 1919 VERO BEACH, FL 32961-1919

SUBJECT: WILLOW RABBIT HOME AND GARDEN, LLC

Ref. Number: W15000052036

We have received your document for WILLOW RABBIT HOME AND GARDEN, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please list the complete principal office address.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

Letter Number: 815A00016179

see attached.

www.sunbiz.org

Division of Comparations P.O. ROY 6397 Tallahassaa Florida 39314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:					
Willo	w RABBIT Hom	e and c	speden	LLC	_	
(Must end w	ith the words "Limited Liability	Company, "L.L.	.C.," or "LLC.'	·j		
ARTICLE II - Address: The mailing address and street add	dress of the principal office of the	e Limited Liabil	ity Company is	y:		
<u>Principa</u>	Office Address:		Mailing A			
Diane L. H.	4WKINS N. F135960	P.O.B	ox1919,	Vero Berch	R	32961-1919
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its own Registere			n individual or	2815	135 135 135
The name and the Florida street ac					AUG	23
	Diane L. Have Name 840 27+6 AUC	okins			<u></u>	
	Name	X		_	70	
	840 2746 AU	<u> </u>		_		경 영 G 2 교 백년
	Florida street address (P.O. Bo		ble)	_	6	ガラ
	Vero Berch	FL 3	2960		9	Ť
	City Stat	e	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

	uthorized Member	Name and Address:
'MGR" = Ma <i>AMBR</i>	nager	Diane L. Hawkins
	-	P.D. BOX 1919 VERD BOACH, FL 30961-1919
		Vers trace, respective
EV: Effective ctive date is l	isted, the date must be spec	f filing: Argust 01,2015. (OPTIONAL) ific and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not
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