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SECRETARY OF STATIONS
WELL TO SEE PHIS: 11

EFFECTIVE DATE 11/18/15

× 12/04/15

COVER LETTER

	egistration Section ivision of Corporations			
SUBJECT	Art 4 Good DBA Art By Tania Ro	mero		
SOBJECT	Name of I	Limited Liabilit	y Company	
The enclose	ed Articles of Organization and fee(s)	are submitted f	or filing.	
Please retu	rn all correspondence concerning this	matter to the fo	llowing:	
	Tania Romero			
		Name of F	Person	
	Art By Tania Romero			
		Firm/Con	npany	
	400 Harbour Place Drive Unit 1257			
		Addre	SS	
	Tampa, Florida 33602			
	ArtByTaniaRomero@Gmail.com	City/State and	Zip Code	
•	E-mail address: (to be us	sed for future ar	nual report notification	1)
For further i	nformation concerning this matter, ple	ease call:		
	Tania Romero	813	748-7959	
	Name of Person	Area Code	Daytime Telephone !	Number
Enclosed is	s a check for the following amount:			
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	Certifie	l copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	I (Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Center Fallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I'- Name:			
The name of the Limited Liability	Company is:		
Art 4 Good, LLC.			1
(Must end w	ith the words "Limited I	Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE [] - Address:			
The mailing address and street add	lress of the principal off	ice of the Lim	nited Liability Company is:
<i>G</i>			, , ,
<u>Principal</u>	Office Address:		Mailing Address:
400 Harbour Place Dri	ive Unit 1257		400 Harbour Place Drive Unit 1257
Tampa, FL 33602			Tampa, FL 33602
ARTICLE III - Registered Agen	t Registered Office &	Registered .	Agent's Signature
			ent. You must designate an individual or
another business entity with an ac			
en la el la el la compania			
The name and the Florida street ac	idress of the registered a	igent are:	
	TANIA ROMERO		<u> </u>
		Name	
	400 Harbour Place Dri	ive Unit 1257	
	Florida street address		
	i lorium sirees auditess	(1.101.DOX III	Za array moto)
	Tampa	FI	33602

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

City

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Zip

<u>Title:</u> "AMBR" = Author: "MCR" = Manage		Name and Address:
"MGR" = Manag AMBR	er	Tania Romero
AMDK		400 Harbour Place Drive Unit 1257
		Tampa, FI 33602
		Tampa, 11 33002
		
(Use attachment i	-	filing: 11/18/2015 (OPTIONAL)
ICLE V: Effective dan effective date is liste ate of filing.) :: If the date inserted document's effective of	ite, if other than the date of ited, the date must be specified in this block does not mee late on the Department of S	filing: 11/18/2015 (OPTIONAL) Tic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed State's records.
ICLE V: Effective dan effective date is liste ate of filing.)	ite, if other than the date of ited, the date must be specified in this block does not mee late on the Department of S	ic and cannot be more than five business days prior to or 90 days aft t the applicable statutory filing requirements, this date will not be listed

Page 2 of 2

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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