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(Requestor's Name)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE

VH

COVER LETTER

Please retur	Name of Limite sed Articles of Organization and fee(s) are sed	
The enclose	Name of Limite sed Articles of Organization and fee(s) are surn all correspondence concerning this matter	ubmitted for filing.
Please retur	irn all correspondence concerning this matte	
		er to the following:
	Heather M. Strauss	
		Name of Person
		Direct Commons
		ritm/Company
	3004 Delaney Street	Name of Person Firm/Company Street Address 2806 City/State and Zip Code com mail address: (to be used for future annual report notification) cerning this matter, please call:
,	Orlando, FL 32806	
	City code7r@gmail.com	/State and Zip Code
-		r future annual report notification)
For further in	nformation concerning this matter, please ca	alf:
1	Heather Strauss 407	230-3415
-		Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 Fil	Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVEL FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 DEC -4 PM 2: 28

The Kitty Beautiful, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address: The mailing address and street a		·	aited Liability Company in	
the manning address and street at	udiess of the principal (office of the Lin	med Liability Company is.	
<u>Princip</u>	al Office Address:		Mailing Address:	
Heather Strauss			Heather Strauss	
3004 Delaney Street			3004 Delaney Street	
Orlando FL 32806			Orlando FL 32806	
The name and the Florida street	•	d agent are:		
	Heather Strauss		· · · · · · · · · · · · · · · · · · ·	
		Name		
	3004 Delaney Street			
	Florida street addres	ss (P.O. Box <u>N</u> C	T acceptable)	
	Orlando	FL	32806	
•	City	State	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 agreeistered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: SECRETARY OF TALLAHASSEE	
MGR — Manager MGR	Heather Strauss	i (Hill)
	3004 Delaney Street	
	Orlando FL 32806	
(Use attachment if necessary)	date of filing: (OPTIONAL)	
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does cument's effective date on the Depart	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not nent of State's records.	•
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does cument's effective date on the Depart	ne specific and cannot be more than five business days prior to or 90 mot meet the applicable statutory filing requirements, this date will not	•
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does cument's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records. Thember or an authorized representative of a member.	•
CLE V: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does nument's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is elam aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records.	•

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)