(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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WL5-64507

## **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT:	Two Cents, LLC	
SUBJECT:	Name o	of Limited Liability Company
The enclose	d Articles of Organization and fee	(s) are submitted for filing.
Please return	n all correspondence concerning th	nis matter to the following:
	Michelle Advaney	
-		Name of Person
	Two Cents LLC	
-		Firm/Company
	5779 Acom Ct	
-		Address
	Hoffman Estates, IL 60192	
-		City/State and Zip Code
m	nichelle@roomerapp.co	
•	E-mail address: (to be	used for future annual report notification)
For further inf	ormation concerning this matter, p	please call:
Ŋ	Aichelle Advaney	847 852-6125 at ( )
_	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:	
]\$125.00 Fili	ng Fee \$130.00 Filing Fee Certificate of Statu	
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



September 28, 2015

MICHELLE ADVANEY 5779 ACORN CT. HOFFMAN ESTATES, IL 60192

SUBJECT: TWO CENTS, LLC Ref. Number: W15000064507

We have received your document for TWO CENTS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

Letter Number: 015A00020450

## **COVER LETTER**

	gistration Section vision of Corporations			
CUD IFCT.	Two Cents, LLC 2 (	ents, LLC		
SUBJECT:		imited Liability	Company	
The enclose	ed Articles of Organization and fee(s) a	are submitted fo	or filing.	
	n all correspondence concerning this n		-	
		nation to the for	iowing.	
-	Michelle Advaney			
	2 Cents UC	Name of Po	erson	
-	Two Cents LLC			
•		Firm/Com	pany	
	5779 Acom Ct			
•		Addres	S ,	
	Hoffman Estates, IL 60192			
r	michelle@roomerapp.co	City/State and	Zip Code	
_	E-mail address: (to be use	ed for future and	nual report notification	n)
For further in	formation concerning this matter, plea	ase call:		
	Michelle Advaney	847	852-6125	
<del>-</del>			Daytime Telephone	Number
Enclosed is	a check for the following amount:	·		
\$125.00 Fil	ling Fee \$\frac{1}{\sqrt{2000}}\$\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy (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	N D C 2	treet Address lew Filing Section pivision of Corporatio lifton Building 661 Executive Center fallahassee, FL 32301	· Cìrcle



November 18, 2015

MICHELLE ADVANEY 5779 ACORN CT. HOFFMAN ESTATES, IL 60192

SUBJECT: 2 CENTS, LLC Ref. Number: W15000064507

We have received your document for 2 CENTS, 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):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The registered agent must sign accepting the designation.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Maryanne Dickey Regulatory Specialist II

Letter Number: 015A00020450

# **COVER LETTER**

TO:	Registration Section Division of Corporations	٤	borner App,	LLC
SUBJE	Two Cents, LLC	2-Cents, LLC		
SUBJE		ame of Limited Liabilit	y Company	<del></del>
	closed Articles of Organization at			
Please t	return all correspondence concern	ing this matter to the fo	llowing:	
	Michelle Advaney			
	2 Cents LLC	Name of E 200mer App,		
	7587 Trento	Firm/Con Circle	npany	
	Naples, F Hoffman Estates, IL 60192		SS	
	michelle@roomerapp.co	City/State and	Zip Code	
	E-mail address:	(to be used for future ar	inual report notificati	on)
For furth	er information concerning this m	atter, please call:		
	Michelle Advaney	847	852-6125	
	Name of Person	at ( Area Code	Daytime Telephon	e Number
Enclose	ed is a check for the following an	nount:		
	0 Filing Fee \$130.00 Filing Certificate o	ng Fee & \$155.00 f Status Certifie	0 Filing Fee & [ ed Copy of copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	ons I	Street Address New Filing Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:				
Two Cents, LLC 2- Cents, LLC RO	omer App, LLC	<u>ک</u>	744	क
(Must end with the words "Limited Liability	Company, "L.L.C.," or "L	LC.")		<u></u>
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Compa	ny is:	#175 257	
Principal Office Address:	<u>Maili</u>	ng Address:	T. T.	2 HP
6661 Costa Circle 7587 Trento Lircle	6661 Costa Circle	7687	Treato	<i>läs</i> ole
Naples, FL 34113	Naples, FL 34113		561	ලං
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)		ate an individ	dual or	
The name and the Florida street address of the registered agent are	···			
Michelle Advaney				
Name				

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..

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

FL

6661 Costa Circle

City

Naples

Registered Agent's Signature (REQUIRED)

7587 Trento Unle

(CONTINUED)

Page 1 of 2

Title:	Laufmad Nav. att.	Name and Address:	
	norized Member .		
MGR" = Manag Co-Founder	ger A. C. P.	Michalla Advancy	
20-1 Ounder	MICH	Michelle Advancy  6661 Costa Circle 7587	TTOMES ( . T. )
		Naples, FL 34113	Trento Circle
	- •	Napics, 112 34113	
Co-Founder	M66-	Kimberly Ruelo	<del></del>
	<u>-                                      </u>	650 W. Wayman St. Apt 607	
		Chicago, IL 60661	
			<u> हैं:</u>
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V: Effective dative date is lister filing.) ne date inserted ent's effective of VI: Other prov	ate, if other than the date ed, the date must be spond in this block does not redate on the Department date on the Department disions, if any.  GNATURE:  Signature of a metal degree department degree degre	McCould Award ember or an authorized representative of information submitted in a document to the efelony as provided for in s.817.155, F.S.	mess days prior to or 90 ments, this date will not be a member.  1) (b), Florida Statutes, the Department of State