L16000012359

(Requestor's N	ame)
(Address)	
(Address)	
(City/State/Zip/l	Phone #)
PICK-UP WA	T MAIL
(Business Entit	y Name)
(Document Nur	mber)
Certified Copies Certif	icates of Status
Special Instructions to Filing Office	ır.





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JAN 2 2 2016 T. BROWN

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Natural Couture		
SOBJEC		of Limited Liab	ility Company
The enclo	sed Articles of Organization and fee	(s) are submitte	d for filing.
Please ret	urn all correspondence concerning th	nis matter to the	following:
	Kendra Young		
		Name o	f Person
	Natural Couture		
	***************************************	Firm/C	ompany
	614 E HWY 50 #128		
		Add	ress
	Clermont FL 34711		
	kkyoung@ufl.edu	City/State a	nd Zip Code
		used for future	annual report notification)
For further	information concerning this matter,	please call:	
	Kendra Young	407 at (463-9625
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee Certificate of State	ıs LLCerti	00 Filing Fee & S160.00 Filing Fee, Ged Copy nal copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tailahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A POPER OF THE ALL THE				13
ARTICLE I - Name: The name of the Limited Liability	v Company is:			発す
	y company ior			7
Natural Couture LLC	•			2016 JAN -6
		Liability Co	mpany, "L.L.C.," or "LLC.")	
(**************************************				
ARTICLE II - Address:	11	CC C (1 - T	' · ' · II' · I'' · O · · · · · · · ·	و المحتاد
The mailing address and street a	adress of the principal o	mice of the L	imited Liability Company is:	60
<u>Princip</u>	al Office Address:		Mailing Addre	<u>ss</u> :
614 E HWY 50 #128	l		614 E HWY 50 #128	
Clermont, FL 34711			Clermont, FL 34711	
			• • • • • • • • • • • • • • • • • • • •	
ARTICLE III - Registered Age	ent. Registered Office.	& Registere	d Agent's Signature:	
			Agent. You must designate an indi	vidual or
another business entity with an a	ective Florida registratio	n.)		
The course and don't have a second		1 4		
The name and the Florida street	address of the registered	i agent are:		
	Kendra Young			
		Name		
	614 E HWY 50 #128			
	Florida street address	s (P.O. Box)	NOT acceptable)	
	Clermont	FL	34711	
	City	State	Zip	
Having been named as registered of place designated in this certificate,				
further agree to comply with the pr				
am familiar with and accept the ob				
	Regist	ered Agent's	Signature (REQUIRED)	
	ic Ben	orea rigent s		

Page 1 of 2

(CONTINUED)

Δ	Þ	TI	CI	Æ.	IV

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	
13 (CDII) (
"MGR" = Manager MGR	Kendra Young
MUK	614 E HWY 50 #128
	Clermont, FL 34711
	Clamon, 12 34/11
um de grande de la factoria	

(Use attachment if necessary)	
RTICLE V: Effective date, if other than the date of filing	g: (OPTIONAL)
f an effective date is listed, the date must be specific ar e date of filing.)	applicable statutory filing requirements, this date will not be listed as
an effective date is listed, the date must be specific are date of filing.) ote: If the date inserted in this block does not meet the	applicable statutory filing requirements, this date will not be listed as
an effective date is listed, the date must be specific are date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of State	applicable statutory filing requirements, this date will not be listed as
an effective date is listed, the date must be specific are date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of State	applicable statutory filing requirements, this date will not be listed as
an effective date is listed, the date must be specific are date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of State	applicable statutory filing requirements, this date will not be listed as
an effective date is listed, the date must be specific are date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of State RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE:	applicable statutory filing requirements, this date will not be listed as 's records.
an effective date is listed, the date must be specific are date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of State RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of This document is executed in act I am aware that any false inform	applicable statutory filing requirements, this date will not be listed as
ran effective date is listed, the date must be specific are date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of State RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of This document is executed in act I am aware that any false inform constitutes a third degree felony	applicable statutory filing requirements, this date will not be listed as 's records. The anauthorized representative of a member. Excordance with section 605.0203 (1) (b), Florida Statutes. Statutes ation submitted in a document to the Department of State
ran effective date is listed, the date must be specific are date of filing.) ote: If the date inserted in this block does not meet the document's effective date on the Department of State RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of This document is executed in act I am aware that any false inform constitutes a third degree felony Kendra Young	applicable statutory filing requirements, this date will not be listed as 's records. The anauthorized representative of a member. Excordance with section 605.0203 (1) (b), Florida Statutes. Statutes ation submitted in a document to the Department of State

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)