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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRE FARY OF STAFF

JAN 2 8 2016 S. PRATHER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Tattoo Your Leathers, LLC		
SUBJE		f Limited Liabili	ly Company
The enc	losed Articles of Organization and fee(s) are submitted	for filing.
Please re	eturn all correspondence concerning th	is matter to the fo	ollowing:
	Kurt W. Heide		
		Name of	Person
	Tattoo Your Leathers, LLC		
		Firm/Co	npany
	631 Anchor Point		
		Addre	ess
	Delray Beach, Fl. 33444		
		City/State and	l Zip Code
	KurtWHeide@gmail.com F-mail address: (to be	used for future a	nnual report notification)
For furthe	er information concerning this matter, p		
	Kurt W. Heide	561	213-4093
	Name of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
•	Filing Fee \$130.00 Filing Fee Certificate of Statu	s Certific	O Filing Fee & \$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		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tattoo Your Leathers	, LLC			7
(Must end	with the words "Limited Li	ability Company, "	"L.L.C.," or "LLC.")	٦
ARTICLE II - Address: The mailing address and street ad	Idress of the principal offic	ce of the Limited L	iability Company is:	_ 6
<u>Princip</u> :	al Office Address:		Mailing Address:	
631 Anchor Point			nchor Point	_
Delray Beach, Fl. 334	144	Delray	Beach, Fl. 33444	
·				
·	address of the registered ag	gent are:	·····	
·	address of the registered ag Kurt W. Heide		·····	
·	address of the registered ag	gent are: Jame	eptable)	
·	Murt W. Heide Kurt N. Heide N 631 Anchor Point	gent are: lame P.O. Box NOT acc	eptable)	
The name and the Florida street	Kurt W. Heide N 631 Anchor Point Florida street address (I	gent are: lame P.O. Box NOT acc	eptable) Zip	
The name and the Florida street a laving been named as registered a lace designated in this certificate, wither agree to comply with the pr	Kurt W. Heide Name	lame P.O. Box NOT acc State of process for the a tment as registered ting to the proper a	· · · · · · · · · · · · · · · · · · ·	ty. I

(CONTINUED)

Page 1 of 2

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	W . W H 11
AMBR	Kurt W. Heide
	631 Anchor Point
	Delray Beach, Fl. 33444
ANADD	Amanda Merhige
AMBR	631 Anchor Point
	Delray Beach, Fl. 33444
	Dellay Beach, Fl. 33444
EV: Effective date, if other than t	ne date of filing:
ctive date is listed, the date mus f filing.)	be specific and cannot be more than five business days prior to or 90 or some some some some some some some some
EV: Effective date, if other than tetive date is listed, the date must filing.) the date inserted in this block document's effective date on the Department.	s not meet the applicable statutory filing requirements, this date will not the three of State's records.
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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)