

L16000039423

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(Business Entity Name)

(Document Number)

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16 FEB 18 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
FILED

1/18/

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Coconuts & Olives Soap plus Nails, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vick Y. Hodges  
Name of Person

Coconuts & Olives Soap plus Nails, LLC  
Firm/Company

4112 Lamson Ave  
Address

Springhill, FL 34608  
City/State and Zip Code

hellococonutandolive@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vicki Y. Hodges                      407                      720-1308  
at ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 Filing Fee & Certified Copy (additional 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

**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

APPROVED AND FILED

16 FEB 18 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Coconuts & Olives Soap plus Nails, LLC  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

4112 Lamson Ave  
Springhill, FL 34608

4112 Lamson Ave  
Springhill, FL 34608

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

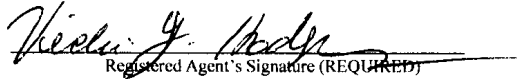
The name and the Florida street address of the registered agent are:

Vicki Hodges  
Name

5679 Charleston Street  
Florida street address (P.O. Box **NOT** acceptable)

Orlando                      Florida                      32807  
City                              State                              Zip

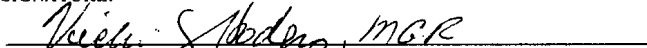
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Vicki Yvette Hodges  
Typed or printed name of signee

**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)

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