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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Have 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:			
Annette Egn			
Harmonys Fashion			
410 Victory Carder Pot 110			
Tallahasce 71 32301 City/State and Zip Code Jean Latisha & gmout. com E-mail address: (to be used for future annual report potification)			
For further information concerning this matter: lease call:			
Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$130.00 Filing Fee \$ \$155.00 Filing Fee \$ \$160.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Mailing Address New Filing Section New Filing Section			

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED L'ABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability Compa	ashion, LLC any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ted Liability Company is:	5
Principal Office Address: HO VICTOR CUYCLEN Plantan Assel, FL 32301 ARTICLE III - Registered Agent, Registered Office, & Registered Agent another business entity with an active Florida registration.)	gent's Signature:	認一7 階 227
The name and the Florida street address of the registered agent are: AND VATOR GO Florida street address (P.O. Hox NOT	Trden ppt 110 Tacceptable) 71 32361 Zip	

Having been named as registered again and to accept service of process for the above stated limited leability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to with 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 Agents Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each person authorized t	o manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Annette Jean 412 4151732364212 PATRO
MGR	I Sigh Jean His Victory Garden Apt 110 Titl 7132301
Ambr	Latistic Jean The marys Ct Apt A
MGB	Meynaldo Baurget 410 Victory Garden Apt 110 TLH, 71 32381
(Use attachment if necessary)	
the date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any.	•
REQUIRED SIGNATURE	Le Loan
This document is executed in action I am aware that any false information in the control of the	can authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.

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)

ARTICLE IV-