## 1 6000065620

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

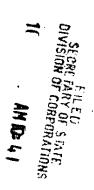
Office Use Only

APR 0 5 2016



100283920321

03/30/16--01008--017 \*\*125.00



For further information concerning this matter, please call:

Leslie Ramsey at (606) 434-4280

Name of Person Area Code Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

BRADENTON, FL 3
City/State and Zip Code

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

The name of the Limited Liability Company is:	
Le Lily-Designs L (Must end with the words "Limited Liability Com	LC.
(Must end with the words "Limited Liability Con	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Lin	mited Liability Company is:
The mailing address and street address of the principal office of the Lin  Principal Office Address:	mited Liability Company is:  Mailing Address:

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:

Name

7702 FOURTH AVE W

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

BRADENTON FL 34209

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..

(CONTINUED)

Page 1 of 2

OIVISION OF CORPORATIONS
16 APR -4 AN ID: 42

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR.	CHRISTINA LYNN HALL 7507 4+h AVE DR. N.W
MGR	LISA ANN LOGUE  112 65+6 St. Ct. NW  BRADENTON, FL. 34709
•	
(Use attachment if necessary)	
the date of filing.)	and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in I am aware that any false info	r or an authorized representative of a member.  a accordance with section 605.0203 (1) (b), Florida Statutes.  rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.
	ped 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)