# 11600001181

| (Re                     | equestor's Name)    |             |
|-------------------------|---------------------|-------------|
|                         |                     |             |
| (Ad                     | ldress)             |             |
|                         |                     |             |
| (Ad                     | ldress)             |             |
|                         |                     |             |
| (Cit                    | ty/State/Zip/Phone  | <b>→</b> #) |
| ,                       | '                   | ,           |
| PICK-UP                 | ☐ WAIT              | MAIL        |
|                         |                     |             |
| (R)                     | isiness Entity Nan  | na)         |
| (50                     | Siliess Littly Ivan | ne)         |
|                         |                     |             |
| (Do                     | ocument Number)     |             |
|                         |                     |             |
| Certified Copies        | _ Certificates      | of Status   |
|                         |                     |             |
| Special Instructions to | Eiling Officer      |             |
| Opecial matruotiona to  | , imig Omeer.       |             |
|                         |                     |             |
|                         |                     |             |
|                         |                     |             |
|                         |                     |             |
|                         |                     |             |
|                         |                     |             |
|                         |                     |             |

Office Use Only



600284478076

04/13/16--01004--006 \*\*160.00

16 APR 13 AMH: 38

APR 1 3 2016 T SCHROEDER

## **CORPORATE** ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

|            | PICK U   | P:                                    | 4/13 Glinda |
|------------|--|---------------------------------------|-------------|
| XX         | CERTIFIED COPY                                   |                                       |             |
|            | РНОТОСОРУ  |                                       |             |
| хх         | CUS  | · · · · · · · · · · · · · · · · · · · |             |
| хх         | FILING   | LLC                                   |             |
| L.         | TARA'S RINGS & THINGS (CORPORATE NAME AND DOCUME |                                       |             |
| 2.         | (CORPORATE NAME AND DOCUME                       | NT #)                                 |             |
| 3.         | (CORPORATE NAME AND DOCOME                       | (•1 π)                                |             |
|            | (CORPORATE NAME AND DOCUME                       | NT #)                                 |             |
| <b>4</b> . | (CORPORATE NAME AND DOCUME                       | NT #)                                 |             |
| 5.         | (CORPORATE NAME AND DOCUME                       | NT #)                                 |             |
| 6.         |  |                                       |             |
|            | (CORPORATE NAME AND DOCUME                       | NT #)                                 |             |
| SPECIA     | L INSTRUCTIONS:                                  | - ma                                  |             |
|            |  |                                       |             |

### **COVER LETTER**

| то:       | Registration Section Division of Corporations   |   |
|-----------|---|---|
| SUBJE     | TARA'S RINGS & THIN   | NGS LLC   |
| 30042     | Name of Limited L   | iability Company  |
| The enc   | nclosed Articles of Organization and fee(s) are subm  | ined for filing.  |
| Please r  | return all correspondence concerning this matter to   | the following:  |
|           | Aaron S. Hallett  |   |
|           | Nan   | ne of Person  |
|           | ı   |   |
|           | Firm  | n/Company   |
|           | 2640 San Diego Road   |   |
|           |   | Address   |
|           | Jacksonville, FL 32207  |   |
|           |   | te and Zip Code   |
|           | AHALLETT DUDE.  E-mail address: (to be used for fut   |   |
| 5 C 4     |   | ure annual report notification)   |
| ror furth | her information concerning this matter, please call:  |   |
|           | Aaron S. Hallett 302  | 331-3166  |
|           | · · · · · · · · · · · · · · · · · · ·   | de Daytime Telephone Number   |
| Enclose   | sed is a check for the following amount:  |   |
| \$125.00  | Certificate of Status   | 55.00 Filing Fee & 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

| TICLE I - Name:<br>name of the Limited Liab   | ility Company is:   |   |  |
|---|---|---|--|
| TARA'S RI   | INGS & THINGS LLC   |   |  |
| (Must er  | nd with the words "Limited  | l Liability Company   | y, "L.L.C.," or "LLC.")  |
| TICLE II - Address:<br>mailing address and stree  | et address of the principal o   | office of the Limited   | I Liability Company is:  |
| Princ   | cipal Office Address:   |   | Mailing Address:   |
|   | and   | 264   | 0 San Diego Road   |
| 2640 San Diego R  | .uau  |   |  |
| Jacksonville, FL  TICLE III - Registered A e Limited Liability Compa                            | 32207  Agent, Registered Office, any cannot serve as its own  | Jack & Registered Age Registered Agent.                         | csonville, FL 32207  |
| Jacksonville, FL  TICLE III - Registered A e Limited Liability Compather business entity with a | Agent, Registered Office, any cannot serve as its own an active Florida registration  | & Registered Age<br>a Registered Agent.                         | sonville, FL 32207<br>nt's Signature:                                    |
| Jacksonville, FL  TICLE III - Registered A e Limited Liability Compather business entity with a | Agent, Registered Office, any cannot serve as its own an active Florida registration and address of the registered  | & Registered Agent. on.) d agent are:                           | sonville, FL 32207<br>nt's Signature:                                    |
| Jacksonville, FL  TICLE III - Registered A e Limited Liability Compather business entity with a | Agent, Registered Office, any cannot serve as its own an active Florida registration  | & Registered Agent. on.) d agent are:                           | sonville, FL 32207<br>nt's Signature:                                    |
| Jacksonville, FL  TICLE III - Registered A e Limited Liability Compather business entity with a | Agent, Registered Office, any cannot serve as its own an active Florida registration and address of the registered  | & Registered Age a Registered Agent. on.) d agent are:          | sonville, FL 32207<br>nt's Signature:                                    |
| Jacksonville, FL  TICLE III - Registered A e Limited Liability Compather business entity with a | Agent, Registered Office, any cannot serve as its own an active Florida registration and the registered Corporate Access, In                              | & Registered Age a Registered Agent. on.) d agent are: nc. Name | nt's Signature:<br>You must designate an individual or                   |
| Jacksonville, FL  TICLE III - Registered A e Limited Liability Compather business entity with a | Agent, Registered Office, any cannot serve as its own an active Florida registration and address of the registered Corporate Access, In 236 E. 6th Avenue | & Registered Age a Registered Agent. on.) d agent are: nc. Name | osonville, FL 32207  nt's Signature: You must designate an individual or |

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

Registered Agent's Signature (REQUIRED)

| Title:  | al anima d Normali an  | Name and Address:  |    |
|---|--|--|----|
| "MGR" = Man   | thorized Member  |  |    |
| MGR   |  | Aaron S. Hallett   |    |
|   |  | 2640 San Diego Road  |    |
|   |  | Jacksonville, FL 32207   |    |
|   |  |  |    |
|   |  |  |    |
|   |  |  |    |
|   |  |  |    |
|   |  |  |    |
|   |  |  |    |
|   |  |  |    |
| effective date is li  | date, if other than the date of fili   | ng: (OPTIONAL)<br>and cannot be more than five business days prior to or 90  | ła |
| CLE V: Effective effective date is lite of filing.)  If the date inserte  | date, if other than the date of filisted, the date must be specific and in this block does not meet the date on the Department of Sta  | and cannot be more than five business days prior to or 90 one applicable statutory filing requirements, this date will not   |    |
| CLE V: Effective effective date is lite of filing.) If the date inserted current's effective CLE VI: Other pro- | date, if other than the date of filisted, the date must be specific and in this block does not meet the date on the Department of Statovisions, if any.  | and cannot be more than five business days prior to or 90 me applicable statutory filing requirements, this date will not te's records.  |    |
| CLE V: Effective effective date is linte of filing.) If the date inserted comment's effective CLE VI: Other pro | date, if other than the date of filisted, the date must be specific and in this block does not meet the date on the Department of State ovisions, if any.  | and cannot be more than five business days prior to or 90 to eapplicable statutory filing requirements, this date will not te's records.   |    |
| CLE V: Effective effective date is lite of filing.)  If the date inserte cument's effective CLE VI: Other pro   | date, if other than the date of filisted, the date must be specificated in this block does not meet the date on the Department of State ovisions, if any.  Signature of a member This document is executed in I am aware that any false infor  | and cannot be more than five business days prior to or 90 me applicable statutory filing requirements, this date will not te's records.  |    |
| CLE V: Effective effective date is lite of filing.) If the date inserted current's effective CLE VI: Other pro- | date, if other than the date of filisted, the date must be specificated in this block does not meet the date on the Department of States ovisions, if any.  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor.  Aaron S. Hallett | and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not the statutory filing requirements, this date will not the statute of a member.  The or an authorized representative of a member abcordance with section 605.0203 (1) (b), Florida Statutes, mustion submitted in a document to the Department of State may as provided for in s.817.155, F.S. |    |
| CLE V: Effective effective date is linte of filing.) If the date inserted comment's effective CLE VI: Other pro | date, if other than the date of filisted, the date must be specificated in this block does not meet the date on the Department of States ovisions, if any.  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor.  Aaron S. Hallett | and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not ste's records.  For an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State   |    |
| CLE V: Effective effective date is liste of filing.) If the date inserted comment's effective CLE VI: Other pro | date, if other than the date of filisted, the date must be specificated in this block does not meet the date on the Department of States ovisions, if any.  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor Aaron S. Hallett   | and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not the statutory filing requirements, this date will not the statute of a member.  The or an authorized representative of a member abcordance with section 605.0203 (1) (b), Florida Statutes, mustion submitted in a document to the Department of State may as provided for in s.817.155, F.S. |    |

Page 2 of 2