

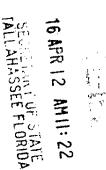
(Re	equestor's Name)	
(A	ddress)	
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(0	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

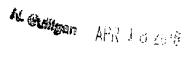
Office Use Only



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COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	Immaculate Reflections, LLC		
SUBJECT		Limited Liabil	ity Company
The enclos	ed Articles of Organization and fee(s) are submitted	for filing.
Please retu	rn all correspondence concerning this	s matter to the	following:
	Dixie Diamond		
		Name of	Person
	Immaculate Reflections, LLC		
		Firm/Co	mpany
	4505 45TH ST		
		Addı	ess
	VERO BEACH, FL 32967		
	immaculatereflectionsllc@gmail.coi	City/State an	d Zip Code
•	E-mail address: (to be u	ised for future a	annual report notification)
For further i	nformation concerning this matter, pl	ease call:	
	Dixie Diamond at	321	557 - 0285
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	Certifi	200 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

ARTICLE I - Name:

Immaculate Reflec	tions, LLC d with the words "Limited Lia	ability Campany	6[1 C 2 or 9[1 C 2)	
(Must en	d with the words "Limited Lis	abinty Company,	L.L.C., of LLC.	
ARTICLE 11 - Address: The mailing address and street	address of the principal offic	e of the Limited I	Liability Company is:	
<u>Princi</u>	ipal Office Address:		Mailing Address:	
4505 45TH ST VE	RO BEACH, FL 32967	РО В	ox 100667 PALM BAY, FL 32910	
				
ARTICLE III - Registered A	gent Registered Office & I	Registered Agen	t's Signature:	
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	ny cannot serve as its own Re		t's Signature: 'ou must designate an individual or	
(The Limited Liability Compar	ny cannot serve as its own Re n active Florida registration.)	gistered Agent. Y		16
(The Limited Liability Compar another business entity with an	ny cannot serve as its own Re n active Florida registration.)	gistered Agent. Y		16 AP
(The Limited Liability Compar another business entity with an	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag Dixie Diamond	gistered Agent. Y	ou must designate an individual or	APR I
(The Limited Liability Compar another business entity with an	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag Dixie Diamond	gistered Agent. Y	You must designate an individual or	APR 12
(The Limited Liability Compar another business entity with an	ny cannot serve as its own Ren active Florida registration.) et address of the registered ag <u>Dixie Diamond</u> N	gistered Agent. Y ent are:	ou must designate an individual or	APR 12 AM
(The Limited Liability Compar another business entity with an	ny cannot serve as its own Ren active Florida registration.) et address of the registered ag <u>Dixie Diamond</u> N 4505 45th St.	gistered Agent. Y ent are:	ou must designate an individual or	APR 12

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)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

PANDDE - Authorized Momban	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Dixie Diamond
	4505 45th Street
	Vero Beach, FL 32967
	P. 6
	PR
	SSE 2
	RP N
(Use attachment if necessary)	TATE ORIDI
LEV: Effective date, if other than the date of fective date is listed, the date must be spe	Lie
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) ceific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) If the date inserted in this block does not manner the original of the Department of t	of filing: (OPTIONAL) ceific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) If the date inserted in this block does not manner the original of the Department of t	of filing: (OPTIONAL) ccific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be of State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be spend of filing.) If the date inserted in this block does not make the date inserted at the Department of the Department	of filing: (OPTIONAL) ceific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be of State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not moment's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a metal this document is executed an aware that any false	of filing: (OPTIONAL) ccific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be of State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not moment's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a metal this document is executed an aware that any false	of filing: (OPTIONAL) ceific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be of State's records. mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State

\$ 5.00 Certificate of Status (Optional)