## L16000113186

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
WHO 7039	
Office Use Only	



100280639301

01/12/16--01002--016 \*\*130.00

SECHETARY OF SHOTE

S0:11 NV 01.NNF 91

JUN 1 4 2016 T. BROWN

## **COVER LETTER**

Registration Section

TO:

Div	vision of Corporations		
SUBJECT:	Especially for You by Erika, L.L.C	<b>3</b> .	
SUBJECT.	Name of	Limited Liabili	ty Company
The enclose	d Articles of Organization and fee(s)	are submitted	for filing.
Please return	n all correspondence concerning this	matter to the f	ollowing:
	Erika Stewart		
•		Name of	Person
	Especially for You by Erika, L.L.C.		
-		Firm/Co	mpany
	2395 S Rock Road		
•		Addr	ess
	Fort Pierce, FL 34945		
E	Especially4YoubyErika@yahoo.com	City/State an	d Zip Code
_	E-mail address: (to be u	sed for future a	nnual report notification)
For further in	formation concerning this matter, ple	ease call:	
	Erika Stewart	772	634-5957
-	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	LCertifi	0 Filing Fee & \$160.00 Filing Fee, ed Copy al copy is enclosed) 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

June 7, 2016

Attention: Theresa Brown

**Division of Corporations** 

PO Box 6327

Tallahassee, FL 32314

Dear Ms. Brown,

Thank you for speaking with me today regarding the status of the LLC I'm trying to form. (Especially for YOU by Erika) Per your request, I am resubmitting the documents you state were not received. I appreciate your assistance in expediting this request. Please call or email me if you have any additional questions or concerns.

772-634-5957 Especially 4 you by etika @ yahos. con



February 1, 2016

ERIKA STEWART 2395 S ROCK ROAD FORT PIERCE, FL 34945

SUBJECT: ESPECIALLY FOR YOU BY ERIKA, L.L.C.

Ref. Number: W16000007039

We have received your document for ESPECIALLY FOR YOU BY ERIKA, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown Regulatory Specialist II

Letter Number: 616A00002150

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•			
ARTICLE I - Name:			덛
The name of the Limited Liability C	Company is:	# G	•
		<b>~</b>	0
		7	193
Especially for You by E			77
(Must end wit	h the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	EL POSE
ARTICLE II - Address:			4
	ess of the principal office	of the Limited Liability Company is:	<
the maning address and street addr	ess of the principal office (	of the Billinea Blacking Company is.	
Principal C	Office Address:	Mailing Address:	
<del> </del>	· · ·	-	
2395 S Rock Road		2395 S Rock Road	
Fort Pierce, FL 34945		Fort Pierce, FL 34945	
ARTICLE III - Registered Agent			
		stered Agent. You must designate an individual or	
another business entity with an acti	ve Florida registration.)		
The name and the Florida street add	lease of the recistored accord	1 ava.	
The name and the Florida street add	iress of the registered agen	i are:	
	Erika L. Stewart		
<del>-</del>	Nan	ne	
_	2395 S Rock Road		
	Florida street address (P.C	). Box <u>NOT</u> acceptable)	

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..

FL

State

34945

Zip

Fort Pierce

City

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Erika Stewart
	2395 S Rock Road
	Fort Pierce, FL 34945
MUR MOR	Jonathan Stewart
	2395 S Rock Road
	Fort Pierce, FL 34945
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.)	e date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 days a  not meet the applicable statutory filing requirements, this date will not be liste
RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does be document's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not be listed
RTICLE V: Effective date, if other than the fan effective date is listed, the date must be date of filing.)  ote: If the date inserted in this block does be document's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be listed
RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.)  ote: If the date inserted in this block does be document's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be listed
RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does be document's effective date on the Department of the Depa	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.)  ote: If the date inserted in this block does be document's effective date on the Department of the Department is easier than the Department of the Department is easier to be determined by the Department of the	not meet the applicable statutory filing requirements, this date will not be listed the nent of State's records.  The amendment of state's records.  The amendment of a member
RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does be document's effective date on the Department's effective date on the Dep	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.  The amendment of a member of an authorized representative of a member.  The executed in accordance with section 605.0203 (1) (b), Florida Statutes.  The false information submitted in a document to the Department of State
RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.)  ote: If the date inserted in this block does be document's effective date on the Department's effective date on the De	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.  The amendment of a member of an authorized representative of a member.  The executed in accordance with section 605.0203 (1) (b), Florida Statutes.  The false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.)  ote: If the date inserted in this block does be document's effective date on the Department's effective date on the De	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.  The amember of an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b), Florida Statutes.  To false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.)  ote: If the date inserted in this block does be document's effective date on the Department of the Course of the Course of this document is early an aware that any constitutes a third of the constitutes at third of the course of the constitutes at third of the course of the constitutes at third of the constitutes at third of the course of the course of the constitutes at third of the course of t	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.  The amendment of a member of an authorized representative of a member.  The executed in accordance with section 605.0203 (1) (b), Florida Statutes.  The false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
RTICLE V: Effective date, if other than the fan effective date is listed, the date must be date of filing.)  lote: If the date inserted in this block does ne document's effective date on the Department of the date of the Department of the date of the Department of	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.  Ta member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. In false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:
RTICLE V: Effective date, if other than the fan effective date is listed, the date must be date of filing.)  Lote: If the date inserted in this block does ne document's effective date on the Department of the date of the Department of the Departm	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.  The a member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. If a false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  of Organization and Designation of Registered Agent

ARTICLE IV-