## LIVODIIMOI

(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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Office Use Only

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## **COVER LETTER**

4.4

	Registration Section Division of Corporations			
SUBJEC	Kountry Girl LLC			
SUBJEC		Limited Liabil	ity Company	
The enclo	osed Articles of Organization and fee(s	) are submitted	for filing.	
Please ret	urn all correspondence concerning this	matter to the	following:	
	Ona Joiner			
		Name of	Person	
	Kountry Girl	, , , , , , , , , , , , , , , , , , ,		
		Firm/Co	mpany	
	3040 South Hwy 95A			
		Addr	ess	
	Cantonment, Florida 32533			
	ojoiner@gmail.com	City/State an	d Zip Code	***
		sed for future a	innual report notification)	
For further	information concerning this matter, ple	ease call:		
	Ona Joiner	850. (	760-2007	
	Name of Person		Daytime Telephone Number	<del></del>
Enclosed	is a check for the following amount:			
\$125.00 I	Filing Fee \$130.00 Filing Fee & Certificate of Status	└── Certifi	ed Copy Certific al copy is enclosed) Certifie	ate of Status &
	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	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED

16 JUN 21 PM 4: 59

June 7, 2016

ONA JOINER 3040 SOUTH HWY 95A CANTONMENT, FL 32533

SUBJECT: KOUNTRY GIRL LLC Ref. Number: W16000041431

We have received your document for KOUNTRY GIRL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

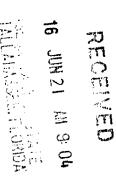
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 116A00011994



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:	•		FILED
				16 JUN 21 PM 4:59
Kountry Girl LLC.				-
(Must end	with the words "Limited	d Liability Company	, "L.L.C.," or "LLC.")	14. 对于15. 15. 15. 15. 15. 15. 15. 15. 15. 15.
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	office of the Limited	Liability Company is:	The state of the s
<u>Princip</u>	al Office Address:		Mailing Addı	ress:
3040 South Hwy 957	A	3040	South Hwy 95A	
Cantonment, FL 325	33	Can	tonment, FL 32533	
The name and the Florida street	Address of the registered Vinona Glaze	<u> </u>		
		Namè		
	2675 North 17th Ave			
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)	
	Pensacola	FL	32503	
	City	State	Zip	
Having been named as registered of place designated in this certificate further agree to comply with the plam familiar with and accept the ob	I hereby accept the app ovisions of all statutes re digations of my position	ointment as register elating to the proper	ed agent and agree to act and complete performand as provided for in Chapter	in this capacity. I ce of my duties, and I
•		(CONTINUED)		
		Page 1 of 2		

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Ona Joiner	
	11626 Wakefield Drive Pensacola FL 32514	
	Permacola 113 32314	
(Use attachment if necessary)	y	
CLE V: Effective date, if other than the dat ffective date is listed, the date must be speed of filing.)	te of filing:	s prior to or 90 day
CLE V: Effective date, if other than the dat ffective date is listed, the date must be spe of filing.)  If the date inserted in this block does not cument's effective date on the Department.	te of filing:	s prior to or 90 day
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CLE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.)  If the date inserted in this block does not cument's effective date on the Department of the Department o	meet the applicable statutory filing requirements, to of State's records.  The member of an authorized representative of a menuted in accordance with section 605.0203 (1) (b), Figure 1.00 (a), Figure 1.00 (b), Figure 1.00 (c),	his date will not be his date will not be
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CLE V: Effective date, if other than the dat ffective date is listed, the date must be spend of filing.)  If the date inserted in this block does not sument's effective date on the Department's LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a man This document is exect 1 am aware that any false constitutes a third degree Ona A. Joiner  \$125.00 Filing Fee for Articles of One A.	meet the applicable statutory filing requirements, to of State's records.  Typed or printed name of signee  Filing Fees:  Trganization and Designation of Registered Agents  (OP  (OP  (OP  (OP)  (OP)	nber. Iorida Statutes.