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TALLEHASSEE FLORIDA

n, 2/0/16

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Sassy Tweetress Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marie A. Bonaccorse
The Sassy Tweetress Firm/Company
751 Oak Manor Circle
Orlando, Florida 32825
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marie A. Boraccorse at (513) 432 3111 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	ie:			
The name of the Lir	nited Liability	Company is:		
	The	Sassy	Tweetress Liability Company, "L.L.C.," or "I	LLC
	(Must end wi	th the words "Limited I	Liability Company, "L.L.C.," or "I	LC.")
ARTICLE II - Add The mailing address		ress of the principal of	ice of the Limited Liability Comp	any is:

Principal Office Address:

ARTICLE III - Registered Agent, The Limited Liability Company ca mother business entity with an acti	nnot serve as its own R	egistered Agent. Yo		al or	
The name and the Florida street add	Marie A		ccorse	16 AUG	, tag to
-	751 Oak Florida street address (ASSEE F	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

City State Zip 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)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Marie Bonaccorse 751 Dak Manor Circle Briando, 71 32825
	
ective date is listed, the date must be spe of filing.) f the date inserted in this block does not m	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be li
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