

U600015427

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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FILED
16 AUG 25 PM 5:20
JUL 16 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SARA THOMPSON BOUTIQUE

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:

SARA THOMPSON

Name of Person

SARA THOMPSON BOUTIQUE, LLC

Firm/Company

5319 POTTER ST

Address

SARASOTA, FL 34232

City/State and Zip Code

sarathompson941@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Thompson

941

914-6988

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2016

SARA THOMPSON
5319 POTTER ST
SARASOTA, FL 34232

SUBJECT: SARA THOMPSON BOTIQUE, LLC
Ref. Number: W16000055252

We have received your document for SARA THOMPSON BOTIQUE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the word BOTIQUE in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled BOTIQUE. If you did not misspell this word intentionally, please correct the spelling to read BOUTIQUE and resubmit the document for processing.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 516A00016837

RECEIVED

16 AUG 25 2:11:28

PAID AUG 25 2:11:28

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SARA THOMPSON BOUTIQUE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5319 Potter St.
Sarasota, FL 34232

Mailing Address:

5319 Potter St
Sarasota, FL 34232

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Sara Thompson

Name

5319 Potter St

Florida street address (P.O. Box **NOT** acceptable)

Sarasota,

FL

34232

City

State

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.

Sara Thompson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SARASOTA COUNTY CLERK
SARASOTA, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Sara Thompson

5319 Potter St

Sarasota, FL 34232

(Use attachment if necessary)

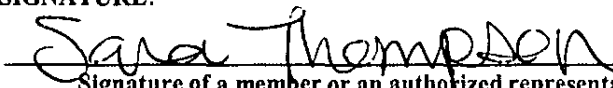
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sara Thompson

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)