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(Requ	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City)	State/Zip/Phone	, #\
(City/	State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doca	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	LETTER BABY			
SUBJEC		ited Liability Company		
The encle	osed Articles of Organization and fee(s) are	submitted for filing.		
Please re	urn all correspondence concerning this mat	ter to the following:		
	DANIELLE POWELL			
		Name of Person	•	
	LETTER BABY			
		Firm/Company	-	
	4521 MALVERN HILL DRIVE			
		Address	•	
	ORLANDO, FL 32818		_	 21 (1)
	Ci DEEDUBB13@GMAIL.COM	ty/State and Zip Code		* ***
		or future annual report notification)	- 153 미	
For further	information concerning this matter, please	call:	T0 22	
	DANIELLE POWELL 91'	7 6099211	2: 53	
	,	ea Code Daytime Telephone Number	ಬ	्यान
Enclosed	is a check for the following amount:			
	Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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: The name of the Limited Liability	Company is:			
LETTER BABY LLC				
(Must end w	ith the words "Limited Lia	bility Company, "L.L.C.," or "L.L.C.,")		
ARTICLE II - Address: The mailing address and street add	lress of the principal office	of the Limited Liability Company is:		
<u>Principal</u>	Office Address:	Mailing Address:		
4521 MALVERN HIL	L DRIVE	4521 MALVERN HILL DRIVE		
ORLANDO, FL 32818		ORLANDO, Fl. 32818		
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:				
	DANIELLE POWELL			
Name				
4521 MALVERN HILL DRIVE				
Florida street address (P.O. Box NOT acceptable)				
	ORLANDO	FL 32818		

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	DANIES LE DOMES
AMBR	DANIELLE POWEL 4521 MALVERN HILL DRIVE
	ORLANDO, FL 32818
	OREANDO, 1 E 32016
AMBR	JABULANI POWELL
	4521 MALVERN HILL DRIVE
	ORLANDO, FL 32818
	
	
(II) 1 (C)	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than th	te date of filing:
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
he date of filing.)	be specific and cannot be more than five business trays prior to or 70 trays after
	s not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Depart	
•	
ARTICLE VI: Other provisions, if any.	
·	
	<u> </u>
REQUIRED SIGNATURE:	\sim
RECORED SIGNATORE.	
/	In No For Il
Signature	f a member or an authorized representative of a member.
	executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

DANIELLE POWELL

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)

S 5.00 Certificate of Status (Optional)