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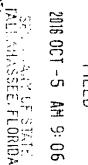
(Req	uestor's Name)	)
(Add	ress)	-
. (Add	ress)	
(City)	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	
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## COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	DENISE FERREIRA LLC		
SUBJECT	Name of	Limited Liabili	ty Company
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retu	rn all correspondence concerning this	matter to the fo	ollowing:
	DENISE FERREIRA		
		Name of	Person
	DENISE FERREIRA LLC		
		Firm/Co	npany
	P.O. BOX 691703		
		Addre	ess
	ORLANDO, FL 32869		
	DFERREIRA8803@GMAIL.COM	City/State and	I Zip Code
-		sed for future a	nnual report notification)
For further in	nformation concerning this matter, ple	ease call:	
	DENISE FERREIRA	407	230-4735
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	Certific	of Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section		Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	2016 OCT -5	AM 9: 0
	<u> </u>	LF STATE
ility Company, "L.L.C.," or "L	LC.")[ALL ARIASSE	E. FLORIE
	.7,	
<u>Maili</u>	ng Address:	
P.O. Box 691703		
Orlando, FL 32869		_
ne		
Ct.	<del>, ,</del>	
Ct.  D. Box <u>NOT</u> acceptable)	<del></del>	
	<del></del>	
D. Box <u>NOT</u> acceptable)	· <del></del>	
	of the Limited Liability Compa Maili P.O. Box 691703 Orlando, FL 32869 egistered Agent's Signature: istered Agent. You must designated agent.	Orlando, FL 32869  egistered Agent's Signature: istered Agent. You must designate an individual or  nt are:

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	2016 OCT - 5 AM	9: 06
"AMBR" = Authorized Member "MGR" = Manager		Store HAY CES	ιίΑί:
MGR	Denise Ferreira	TALLAHASSEE, FI	ORIDA
	10806 William and Mary Ct. Orlando, FL 32821	<u> </u>	
		·	
<del></del>			
	· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary)	10/2/3		
CLE V: Effective date, if other than the deffective date is listed, the date must be the of filing.)  If the date inserted in this block does not cument's effective date on the Department.	e specific and cannot be more than five busin ot meet the applicable statutory filing requires	ess days prior to or 90 days a	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)