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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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*a* 03/06/17

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February 28, 2017

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Maria's Xpressions, LLC  
Our File No.: 2017-0080

Dear Sirs:

Enclosed please find the original and one copy of the Articles of Organization for the above named entity. After filing, please return a certified copy of the Articles to my office as soon as possible. I have also enclosed a check in the amount of \$155.00 to cover your filing fees, registered agent fee and the cost of obtaining a certified copy.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely,



Lauriane Ciccarelli

LAC/slt

Enclosures

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The Name of the Limited Liability Company is: MARIA'S XPRESSIONS, LLC

**ARTICLE II – Address:**

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

- a: Mailing Address: 91 ½ Lake Beulah Drive, Lakeland, Florida 33815  
b: Street Address: 91 ½ Lake Beulah Drive, Lakeland, Florida 33815

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

\_\_\_\_\_  
Lauriane Ciccarelli  
Name  
  
\_\_\_\_\_  
317 South Tennessee Avenue  
Florida street address (Post Office Box **NOT** acceptable)  
  
\_\_\_\_\_  
Lakeland, Florida 33801  
City, State and 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.*

\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV – Management (Check applicable box)**

- ☒ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.
- ☐ The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

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**ARTICLE V -**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Maria Torres  
91 1/2 Lake Beulah Drive  
Lakeland, Florida 33815

**ARTICLE VI:** 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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
Maria Torres

Typed or printed name of signer

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