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03/15/17

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: K'S Purfect Bowtque, LLC 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				
Keisha Oalesby-Crawford				
J Name of Person				
Firm/Company				
3193 Mission Road #1				
Address				
Tallahassee, FL 32303				
City/State and Zip Code KP HAR VOLVE AL 36 AVVI 1. COV				
E-mail address: (to be used for fluture annual report notification)				
For further information concerning this matter, please call:				
Kers Oles Confid (450) 688-5995 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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

Malling 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

ART	ICLE	I -	Name:
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The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "D.I. 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:	Malling Address:
3193 Mission Rolth	3193 Mission ROLL
Tallahassec. F.C.	Tallahassee, FL
3,303	5,30,3

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:

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

UXUNATCHER FL 33470

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..

Kathy Shin on behalf of InCorp Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

MARILL PH L: [

ARTICLE IV- The name and address of each person authorized (to manage and control the Limited Liability Company:		
Title: "AMBR" = Authorized Member "MGR" Manage	Name and Address: Kersha Dalesby-Crawford 3193 Mission Rd#T Tallahassee, FL 32303		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing	(OPTIONAL)		
the date of filing.)	(OPTIONAL) I cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed as records.		
ARTICLE VI. Oul. provisions, a any.			
This document is executed in acc I am aware that any false informat constitutes a third degree felony a	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes. ion submitted in a document to the Department of State s provided for in s.817.155.F.S.		

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)