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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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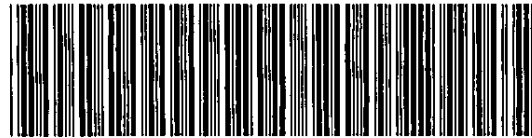
(Business Entity Name)

(Document Number)

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FILE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Amanda Boots, LLC

The enclosed Articles of Organization and fee (s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Boots, LLC
PO Box 1872
Fort Myers, FL 33902

For further information concerning this matter, please call:

**Amanda Boots
(239) 560-3310**

Enclosed is a check for the following amount:

X \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certification 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

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Amanda Boots, LLC

ARTICLE II – Address:

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

Principle Office Address:

1620 St. Clair Ave E
North Fort Myers, FL 33903

Mailing Address:

PO Box 1872
Fort Myers, FL 33902

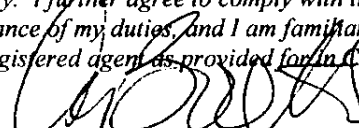
ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Amanda Boots
1620 St. Clair Ave E
North Fort Myers, FL 33903

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 (REQUIRED)

17 MAY 22 11:05:55

SECRET
MAY 17 2022

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

Name and Address:

“MGR” = Manager

Amanda Boots
PO Box 1872
Fort Myers, FL 33902

AMBR

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.)

ARTICLE VI: Other provisions, if any.

N/A

REQUIRED SIGNATURE:

U. Bach

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.

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.)

Amanda Boor
Typed or printed name of signee

Typed or printed name of signee

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