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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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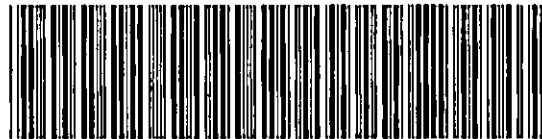
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/28/17--01030--027 **155.00

17 AUG 28 PM 1:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**Emelle Tunceren
Lunar Leather, LLC
606 Alison Dr.
Largo, FL 33771**

August 31, 2017

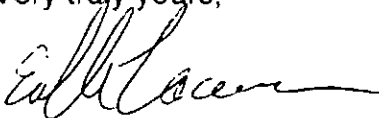
Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Lunar Leather, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Emelle Tunceren', written over a horizontal line.

Emelle Tunceren
Lunar Leather, LLC

Enclosures

check stapled here

ARTICLES OF ORGANIZATION

of

LUNAR LEATHER, LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I - ORGANIZATION NAME

The name of the organization is Lunar Leather, LLC.

ARTICLE II - DURATION

The limited liability company shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

ARTICLE IV – ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

606 Alison Dr.
Largo, FL 33771

The organization's mailing address shall be as follows:

606 Alison Dr.
Largo, FL 33771

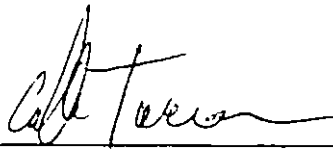
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Emelle Tunceren
606 Alison Dr.
Largo, FL 33771

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.



Emelle Tunceren, Registered Agent

ARTICLE VI - MANAGERS

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Emelle Tunceren
606 Alison Dr.
Largo, FL 33771

ARTICLE VII - SIGNER


The name and address of the person signing these Articles of Organization is as follows:

Emelle Tunceren
606 Alison Dr.
Largo, FL 33771

ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 24th day of August, 2017




Emelle Tunceren

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Emelle Tunceren, known to me to be the person who executed the foregoing Articles of Organization, or who presented FL. Dr. License as identification, and who acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 24th day of August, 2017





Notary Public, State of Florida at Large
My Commission Expires:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA