# L17000229107

(Red	questor's Name)	· · ·
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



600305238686

11/07/17--01002--001

\*\* 160.00

15 NOV - 7 AM 3: 32

#### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: EXOLIC Threads 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:
Li Juan Redcling
Fame of relative
Exotic / Nreacls Firm/Company
218C White Drive
Tallahassee F1, 3230+
City/State and Zip Code  ///CANTEGAING 90 amail. Com  E-mail address: (to be used for future amual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Street Address

### Mailing 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

## $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE I - Name: The name of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  218 C. White Dive 28 C. White Dive 1allahassee F1, 32304
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:  Livuan Redding  Name
Plorida street address (P.O. Box NOT acceptable)
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.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each person		
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
, , , , , , , , , , , , , , , , , , ,		
<u>Manager</u>	Li Juan Redding Jisc White Drive Janana see Fl. 32304	
Sective date is listed, the date must be of filing.) The date inserted in this block does in ment's effective date on the Department.	date of tiling:	•
EV: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does iment's effective date on the DepartmEVI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.	
EV: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does iment's effective date on the DepartmEVI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.	
EV: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does imment's effective date on the Departm EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is example of the comment is example.	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.	
EV: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does a ment's effective date on the Departm LEVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is exit am aware that any	a member or an authorized representative of a member.  Recented in accordance with section 605.0203 (1) (b), Florida Statutes.  fulse information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.	
EV: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does iment's effective date on the Departm EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is end and aware that any constitutes a third decided.	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.  Typed or printed name of signer  Filing Fees: f Organization and Designation of Registered Agent all	
EV: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does iment's effective date on the Departm EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is end and aware that any constitutes a third described the constitutes of the constitut	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.  Typed or printed name of signer  Filing Fees: f Organization and Designation of Registered Agent all	
EV: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does iment's effective date on the Departm EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is end and aware that any constitutes a third described the constitutes of the constitut	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.  Typed or printed name of signer  Filing Fees: f Organization and Designation of Registered Agent all	
EV: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does iment's effective date on the Departm EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is end and aware that any constitutes a third described the constitutes of the constitut	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.  Typed or printed name of signer  Filing Fees: f Organization and Designation of Registered Agent all	