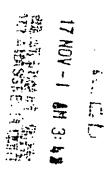
L17000247573

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



300305085403

11/01/17--01019--009 **155.00



COVER LETTER

IO:	New ruing Section Division of Corporations		
SUBJE	ECT: Name of	Limited Liabili	Mom's To-Do List, 11c
The en	closed Articles of Organization and fee(s)	are submitted	for filing.
Please	return all correspondence concerning this	matter to the f	ollowing:
	Bethany Clancy		
		Name of	Person
	The Honey Do List	Mon Firm/Co	5 To-Do List, 11c
	1346 Millbrook Circle	rtrii/Co	трапу
		Addre	ess
	Bradenton, FL 34212		
	bclancy7@yahoo.com	City/State and	d Zip Code
	E-mail address: (to be us	sed for future a	nnual report notification)
For furth	ner information concerning this matter, ple	ease call:	
	Bethany Clancy	941	243-3462
	Name of Person	Area Code	Daytime Telephone Number
Enclos	ed is a check for the following amount:		
\$12 5.0	00 Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	S160.00 Filing Fee, Certificate of Status & Certified Copy - Production (additional copy is enclosed)
	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

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Mom's To. Do List, 11c

(Must contain the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the princip	oal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1346 Millbrook Circle	same	
bradenton, fl 34212		
- 		
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr	own Registered Agent. You must designate an individual or	
The name and the Florida street address of the regist	ered agent are:	
Betha	Name San are:	į
1346 A	Millbrook Circle	Ī
	dress (P.O. Box NOT acceptable)	ξ

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..

FL

State

34212

Zip

Bradenton

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager M GR Bethany Clancy, President 1340 Mill brown (Use attachment if necessary) 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. **ARTICLE VI:** Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed/in accordance with section 605.0203 (1) (b), Florida Statutes.

Bethany Clancy

Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)