<u>L18000013233</u>

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

	ew Filing Section vision of Corporations						
SUBJECT	Periwinkle Art and Painting	LC					
SUBJECT	Name of Limited Liability Company						
The enclose	ed Articles of Organization and fee	e(s) are submitted	for filing.				
Please retur	n all correspondence concerning t	his matter to the	following:				
	LaDawn Kissler						
		Name of	Person				
	Periwinkle Art and Painting						
	Firm/Company						
	2617 Hidden Creek Drive						
		Addı	ess				
	Navarre, FL 32566						
	lawnikissler@gmail.com	City/State ar	d Zip Code				
_		used for future a	nnual report notification)				
For further in	nformation concerning this matter,	please call:	·				
	LaDawn Kissler	208 at (731-9998				
•	Name of Person	Area Code	Daytime Telephone Number				
Enclosed is	a check for the following amount:						
] \$125.00 Fil		s & S155.0	Of Filing Fee & S160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address		Street Address				
	New Filing Section Division of Corporations		New Filing Section Division of Corporations				
	P.O. Box 6327		Clifton Building				
	Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Periwinkle Art and Pa					_
(Must conta	in the words "Limited	Liability Company,	"L.L.C" or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal c	office of the Limited	Liability Company is:		
Principal Office Address: 2617 Hidden Creek Drive			Mailing Address: 2617 Hidden Creek Drive		
		2617			
Navarre, FL 32566			arre, FL 32566		_
 			<u> </u>	<u></u>	-
The name and the Florida street a	street address of the registered agent a LaDawn Kissler Name 2617 Hidden Creek Drive Florida street address (P.O. E				NAL 81
	2617 Hidden Creek	Drive	cceptable)		416 PH
	2617 Hidden Creek Florida street addres	Drive is (P.O. Box <u>NOT</u> ac	•	1012 1978P	15 P# 4:
	2617 Hidden Creek	Drive	cceptable) 32566 Zip	TRACE STATE	IS PH

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Managing Member	LaDawn Kissler 2617 Hidden Creek Dr. Navarre, FL 32566
(Use attachment if necessary)	
If an effective date is listed, the date must be spe he date of filing.)	of filing: Ole 16 2018 (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	Totale STecords.
REQUIRED SIGNATURE:	mber or an authorized representative of a member.
This document is execute I am aware that any false	ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
LADAV	Typed or printed name of signee

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)