

**L18000055214**

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To: Division of Corporations  
 Fax Number : (850) 617-6381

From: Rosa Wong, Paralegal  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: tdmiller654@comcast.net

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**FLORIDA LIMITED LIABILITY CO.  
ALICIA WEAVER DESIGNS OF FLORIDA, LLC**

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H18000072361 3

**ARTICLES OF ORGANIZATION  
OF  
ALICIA WEAVER DESIGNS OF FLORIDA, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is:

**ALICIA WEAVER DESIGNS OF FLORIDA, LLC**

**ARTICLE II: - Address**

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

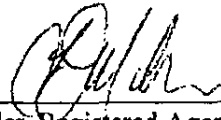
**201 S.W. 5<sup>th</sup> Street  
Ft. Lauderdale, Florida 33301**

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**Tim Miller  
654 North Rio Vista Boulevard  
Fort Lauderdale, Florida 33301**

*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.*



\_\_\_\_\_  
Tim Miller, Registered Agent

H18000072361 3

**ARTICLE IV: - Management**

The name and address of the member authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
AMBR	Angelika Stuart 201 S.W. 5 <sup>th</sup> Street Ft. Lauderdale, Florida 33301

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on March 5, 2018.

  
\_\_\_\_\_  
Tim Miller, Authorized Signer

(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 Section 817.155, Florida Statutes.)

Tim Miller  
\_\_\_\_\_  
Typed or printed name of signee