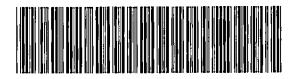
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Lexi Love Kicks 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:	N)	11876 sabet - 11°
Courtney James Name of Person	_	
211 Bragg Drive	_	
Tallahassee F(32305 City/State and Zip Code Babygr/marly 2@gmail. Com Vermail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person Area Code Daytime Telephone Number	\ \$	ाक्षात्र व्यवस्थाः । अ
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status (additional copy is enclosed) \$125.00 Filing Fee & Certificate of Status (additional copy is enclosed)	15 &	
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

А	R	ïΊ	C	LE	1 -	N	a	m	e	

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

211 Brugg Drive Tullahassee FL 32305 ZII Bragg Drive Tallahassee FC 32305

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:

Courtney James

211 Bragg Drive Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32305
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)

BUTE OFFER SET

加斯 网络人口 恐

	The name and address of each person author	ized to manage and control the Elimited Elabority Company	•
1	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Courtney Vames 211 Bragg Drive Tallahasse fr 32305	So shift which we
			·
	(Use attachment if necessary)		
(If an or the date Note: the do	effective date is listed, the date must be speci te of filing.) If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.	filing:	
			2818
	REQUIRED SIGNATURE: C James		FILED HAR -7 H CRETARY OF AHASSEE.
	This document is execute I am aware that any false constitutes a third degree	ther or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Stationformation submitted in a document to the Department of Stelony as provided for in s.817.155, F.S. Typed or printed name of signee	utesa ==
	\$125.00 Filing Fee for Articles of Org \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Options	Filing Fees: anization and Designation of Registered Agent al)	

ARTICLE IV-