L1800094303

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phono	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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APR 1 8 2019



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SECRETARY OF STAKE

TICHO

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Three Daughter	3 Kitchen and BAth Acces	sories	LLC
The enclosed Articles of Organization and fee(s)	are submitted for filing.		
Please return all correspondence concerning this r	matter to the following:		
Curtis O.	Ross		
	Name of Person	-	
Three Daughters K	itchen and BAth Accessories	LLC	
1658 Ruth ST.			
	Address		
CucuA, Fl. 32926 Cuntis ross business @ G			
Cuntis ross business @ G	City/State and Zip Code		
E-mail address: (to be used	d for future annual report notification)		
For further information concerning this matter, pleas	se call:		
Carlos 12. Ross and Name of Person	urca Code Daytimo Telephone Number		
	rca Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
\$125.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Cortified Copy (additional copy is enclosed) Certified Copy (additional copy is enc		
Mailing Address New Fling Section Division of Corporations P.O. Box 6327 Tallahausec, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Three Daughtes Kitchen and BA (Must cor Kir the words "Limited Liability Company	Ath Accessories LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	
Principal Office Address: 1658 Ruth ST. Coloop Pl. 32926	Mailing Address:
ARTICLE III - Registered Agent. Registered Office, & Registered Age (The Limited Liability Company cannot serve as its own Registered Agent. another business entity with an active Florida registration.)	ent's Signature: You must designate an individual or
The name and the Florida street address of the registered agent are:	

Name

1658 Ruth ST.

Fiorida street address (P.O. Box NOT acceptable)

CocoA FL 32926

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. The eby 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)

2018 APR 16. AM 8: 5.

The name and address of each person authorize	zed to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager MGR = Manager	Name and Address: Cutes O. Ross 1658 Ruff St. Cuca, Fl. 32926
(Use attachment if necessary)	
ne date of filing.)	and cannot be more than five business days prior to or 90 days aft
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	ADD.
I am aware that any false information a third degree felon	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S. S. O. R.S. ed or printed name of signee
,	Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)