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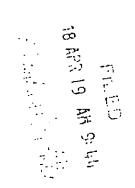
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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T COLLINS
APR 20 2018

COVER LETTER

Division of Corporations		
SUBJECT: Touches Of Distinction LLC		_
Name of Lir	nited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Julie A Kabrich		
	Name of Person	
	Firm/Company	
7322 Manatee Ave W #343		
1322 Wallatee Ave VV #343	Address	
Bradenton, FL 34209-3441	Sity/State and Zip Code	
touchesofdistinction@gmail.com	d for future annual report notification)	- -
For further information concerning this matter, plea	ase call:	
Julie A Kabrich at (at (515) 689-4554 Area Code Daytime Telephone Num	har
tvaine of r cison	Area Code Dayune relepione Num	ijei
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee & Certificate of Status	Certified Copy Certified (additional copy is enclosed) Certified	copy is enclosed 5
Mailing Address Registration Section	Street/Courier Address Registration Section	19
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	7 TIF
i attaild5500, 11, 32314	Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Company is:		
Touches Of Distinction LLC	imited Liability Company, "L.L.C.," or "LI	(C'')
(Must end with the words L	imited Liability Company, L.L.C., or Li	.C.)
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	
7322 Manatee Ave W #343	7322 Manatee Ave W #343	
Bradenton, FL 34209-3441	Bradenton, FL 34209-3441	
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida regi	s own Registered Agent. You must designa	ite an individual or
The name and the Florida street address of the regi	istered agent are:	
Julie A Kabrich		
	Name	
7322 Manatee Ave W #	•	
Florida street address (P.	O. Box NOT acceptable)	
Bradenton	FL_34209	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby capacity. I further agree to comply with the provof my duties, and I am familiar with and accept	accept the appointment as registered agent isions of all statutes relating to the proper a	and agree to act in this nd complete performance
V	1	
(CON	TINUED)	5 7
Pa	ge 1 of 2	

<u>`itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager AMBR	Julie A Kabrich
	7322 Manatee Ave W #343
	Bradenton, FL 34209
	
	
	
V: Effective date, if other than the date o	f filing: (OPTIONAL)
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or
Use attachment if necessary) V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any.	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE:	ific and cannot be more than five business days prior to or
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a men	ific and cannot be more than five business days prior to or
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a ment (In accordance with section 605.)	ther or an authorized representative of a member.
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a merical discounties an affirmation under I am aware that any false inform	ific and cannot be more than five business days prior to or

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)