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2018 MAY -4 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED

MAY 10 2018

K. Brumbley

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Two Wicked Company, LLC
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:

Janelle Droessler

Name of Person

Two Wicked Company, LLC

Firm/Company

303 Verado St.

Address

Los Alamos, NM 87544

City/State and Zip Code

twowickedco@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janelle Droessler at (702) 866-5598

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Two Wicked Company, LLC
(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:

303 Venado St.
Los Alamos, NM 87544

303 Venado St.
Los Alamos, NM 87544

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

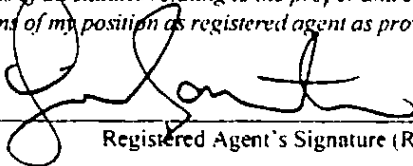
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Linda Santamaria
Name
2001 New Stonecastle Terrace, Apt. 109
Florida street address (P.O. Box ~~NOT~~ acceptable)
Winter Park, FL 32792
City State Zip

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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)

