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(Re	equestor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone #	/)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to	Filing Officer:			

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Salty Toes 11	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Stephen Eero	Stree PP Name of Person	
	Firm/Company	
4691 Yarmouth	Avenue Sout	h
St. Petersburg	FL 33711 City/State and Zip Code	
buzrah (a) iclou	d. com	
r-man address: (to be used) For further information concerning this matter, pleas	d for future annual report notificat	ion)
- ^		<u>14 or 727 914-0802</u> ne Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee S130.00 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	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

A	RT	ïΙ(1	LE I	i - I	Na	me

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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:

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 Thapter 605, F.S.,

Registered Agent's Signature

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Stephen E. Streef? The Jarmont Ave S St Peters bling EL 33711
	<u> </u>
(Use attachment if necessary)	1
date of filing.)	of filing:
$\frac{1}{2}$ document's effective date on the Department ϵ	
RTICLE VI: Other provisions, if any.	
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	2 Atull

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 s.817.155, F.S.

Stephen E. Stree FP
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)