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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
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Email Address: vittoriosilva9@gmail.com

FLORIDA LIMITED LIABILITY CO.

Tip Toe Chick LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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Help

Articles Of Organization

For

Tip Toe Chick LLC

A

Florida Limited Liability Company

ARTICLE I

Name

The name of the Limited Liability Company is: Tip Toe Chick LLC (the Company).

ARTICLE II

Address

The mailing address and street address of the principal office of the Company is 10550 47th Street North, Clearwater, Florida 33764

ARTICLE III

Registered Agent, Registered office, & Registered Agent's Signature:

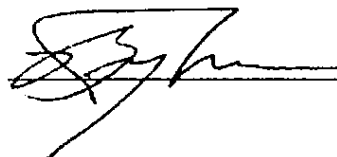
The name and the Florida Street Address of the Registered Agent are:

Bryon Lee Turner

10550 47th Street North

Clearwater, Florida 33764

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..

 (sign)

(CONTINUED)

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ARTICLE IV:

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>AMBR</u>	Bryon Lee Turner 10550 47th Street North Clearwater, Florida 33764

ARTICLE IV:

The Effective date shall be the date of filing.

 (sign)

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Bryon Lee Turner
Authorized Representative/Member

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