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(R	equestor's Name)			
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PICK-UP	MAIT	MAIL		
(B	usiness Entity Name	<del>2</del> )		
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SECRETARY OF STATE

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## **COVER LETTER**

	ew Filing Section ivision of Corporations			
SUBJECT	Ivy LePour Art, LLC.			
SUBJECT	Name of Limited Liability Company			
The enclose	ed Articles of Organization and fee(s	s) are submitted	for filing.	
Please retu	rn all correspondence concerning thi	s matter to the	following:	
	Ivy A. LePore			
		Name o	f Person	
	Ivy LePour Art, LLC.			
		Firm/Co	отралу	
	512 Rose Apple Circle			
		Add	ress	
	Port Charlotte, FL 33954			
	IvyLePourArt@gmail.com	City/State ar	nd Zip Code	
-	<u> </u>	used for future	annual report notification)	
For further in	nformation concerning this matter, p	lease call:		
	Ivy A. LePore	973	919-5847	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed is	a check for the following amount:			
\$125.00 Fi		: L—Certif	00 Filing Fee & \$\ \text{S160.00 Filing Fee,} \\ \text{Certificate of Status & Certified Copy} \\ \text{(additional copy is enclosed)}	
	Mailing Address		Street Address New Filter Section	
	New Filing Section Division of Corporations P.O. Box 6327		New Filing Section Division of Corporations Clifton Building	
	Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ivy LePour Art, Li				
(Must co	ontain the words "Limited l	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
512 Rose Apple Circle		512 Rose Apple Circle		
Port Chalotte, FL 3	33954	Port	Port Chalotte, FL 33954	
The Limited Liability Compa	gent, Registered Office, ny cannot serve as its own	& Registered Agent.		
The Limited Liability Compa nother business entity with a	agent, Registered Office, ny cannot serve as its own n active Florida registratio et address of the registered	& Registered Agert. Y	it's Signature:	
The Limited Liability Compa nother business entity with a	gent, Registered Office, ny cannot serve as its own n active Florida registratio	& Registered Agent. Yon.)	it's Signature:	
The Limited Liability Compa nother business entity with a	agent, Registered Office, ny cannot serve as its own n active Florida registratio et address of the registered	& Registered Agert. Y	it's Signature:	
The Limited Liability Compa nother business entity with a	agent, Registered Office, ny cannot serve as its own n active Florida registratio et address of the registered	& Registered Agent. Yon.) I agent are:	it's Signature:	
The Limited Liability Compa mother business entity with a	agent, Registered Office, ny cannot serve as its own n active Florida registratio et address of the registered lvy A. LePore	& Registered Agent. Vin.) I agent are: Name	et's Signature: You must designate an individual o	
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a The name and the Florida stree	agent, Registered Office, ny cannot serve as its own active Florida registratio et address of the registered lvy A. LePore  512 Rose Apple Circ	& Registered Agent. Vin.) I agent are: Name	et's Signature: You must designate an individual o	

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)

2118 JUN 25 AM 9: 43

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Ivy A, LePore
	512 Rose Apple Circle
	Port Charlotte, FL 33954
the date of filing.)	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days after e applicable statutory filing requirements, this date will not be listed
the document's effective date on the Department of Stat	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Hifn
This document is exocuted in a I am aware that any false inform	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 y as provided for in s.817.155, F.S.
Ivy A. LePore	
	ed 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)