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(Requestor's Name)	
(Address)	_
(Address)	—
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
	
O. i	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Trendi Dolls 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:
Danish Krestawn Holmes Name of Person

9430 Barwick Dr. Address
Tallahassee, Fl 32305 City/State and Zip Code Dani 4216 me, con
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & Certificate of Status Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addraws Street Addraws

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 FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Lim	nited Liability Company is:
Principal Office Address:	Mailing Address:
9430 Barwick Dr.	9430 Barwick Dr.
10.110.110.100.	1000000
ARTICLE III - Registered Agent, Registered Office, & Registered Agenthe Limited Liability Company cannot serve as its own Registered Agenother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Trendi Dolls	<u> </u>
Name	
Florida street address (P.O. Box N	OT grountable)
Tallahassee, FI	32305
City State	Zip
Having been named as registered agent and to accept service of process for place designated in this certificate, I hereby accept the appointment as reg further agree to comply with the provisions of all statutes relating to the properties am familiar with and accept the obligations of my position as registered as Registered Agent's S	istered agent and agree to act in this capacity. I oper and complete performance of my duties, and I

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGB"	Brestaun D. Walker -St. 9430 BANNEK Dr. Tallahassee, Fl 32305
"AMBR"	Darlista Krestrum Harres 9430 Ranger Dr. 16/16/16/18/19/19
(Use attachment if necessary) TCLE V: Effective date, if other than the date of	of filing: AUGUST 15th 2018. (OPTIONAL) cific and cannot be more than five business days prior to or 90 days af
n effective date is listed, the date must be spec late of filing.)	eet the applicable statutory filing requirements, this date will not be listed f State's records.
n effective date is listed, the date must be spec late of filing.) e: If the date inserted in this block does not m	

Filing Fees:

Uryped or printed name of signee

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a finird/degree felopy as provided for in s.817.155. F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)