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(Req	juestor's Name)	
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ECRETARY OF STATE

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	Braids by Andrea, LLC		
SOBJEC	T:Nian	e of Limited Liabil	ity Company
The encle	osed Articles of Organization and f	ee(s) are submitted	for tiling.
Please ret	turn all correspondence concerning	this matter to the f	bllowing:
	Andrea Henderson		
		Name of	Person
		15: 77	
		Firm/Co	mpany
	3718 Prescott Loop		
		Addr	ess
	Lakeland, FL 33810		
	braidsbyandrea@gmail.com	City/State an	d Zip Code
		be used for future a	nnual report notification)
For further	information concerning this matte	r, please call:	
	Andrea Henderson	863 at (412-3515
	Name of Person		Daytime Telephone Number
Enclosed	is a check for the following amour	nt:	
] \$125.00	Filing Fee S130.00 Filing F Certificate of St	atus ——Certifi	20 Filing Fee & S 150 00 Filing Fee ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle
	1 anana5500, F1, 525 14		2001 LACCINIVE CONICI CITCIE

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Braids by Andrea, LLC (Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
TICLE II - Address:	
mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
549 Berkley Road	3718 Prescott Loop
Auburndale, FL 33823	Lakeland, FL 33810

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

Andrea Henderson

Name 3718 Prescott Loop Florida street address (P.O. Box NOT acceptable)

Lakeland 33810 Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at place designated in this certificate. Thereby accept the appointment as registered agent and the accept the appointment as registered agent and accept the accept the appointment as registered agent and accept the accept the appointment as registered agent and accept the accept 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)

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	Andrea Henderson	
111011	3718 Prescott Loop	
	Lakeland, Fl. 33810	
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		66
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(Use attachment if necessary)		
•	20101/2010	
	of filing: 09/04/2018 (OPTIONAL	
	ecific and cannot be more than five business days prior t	o or 90 days
e of filing.)		
	neet the applicable statutory filing requirements, this date	will not be hi
cument's effective date on the Department	of State's records.	
ZLE VI: Other provisions, if any,		
zen: • i. Gener provisions: i. uny.		

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.847,155, F.S.

Andrea Henderson

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)

REOURED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)