

L18 000 244009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

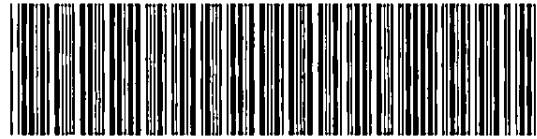
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/18/18--01027--024 **130.00

10 OCT 18 PM 12:00

N. SAMS
OCT 22 2018

Janina McGee
Feelin' Sassy Designs, LLC
7718 Hoffy Circle
Lake Worth, Florida 33467
561-301-8523

Florida Department of State
Division of Corporations

October 15, 2018

To Whom it May Concern:

Enclosed you will find a copy of the new filing documents for my new company, Feelin' Sassy Designs, LLC.

Feel free to let me know if you need any additional information.

Thank you,



Janina McGee
561-301-8523
janina@feelinsassy.com

10 OCT 18 PM 12:00

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Feelin' Sassy Designs, 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:

Jania McGee

Name of Person

Feelin' Sassy Designs, LLC

Firm/Company

7718 Hoffy Circle

Address

Lake Worth, Florida 33467

City/State and Zip Code

janja@feelinsassy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jania McGee

561

301-8523

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Feelin' Sassy Designs, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

7718 Hoffy Circle
Lake Worth, Florida 33467

Mailing Address:

7718 Hoffy Circle
Lake Worth, Florida 33467

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:

Jania McGee

Name

7718 Hoffy Circle

Florida street address (P.O. Box **NOT** acceptable)

Lake Worth

Florida

33467

City

State

Zip

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)

18 OCT 18 PM 12:00

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jania McGee

7718 Hoffy Circle

Lake Worth, Florida 33467

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Jania McGee

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)

13 OCT 13 PM 12:00