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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

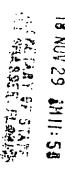
Office Use Only



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DEC 0 4 2018 C Kinsey

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Casual 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:
Roderick Cook Name of Person
Name of Person
Firm/Company
1040 Old Highway 17 Address
Crescent City, FL 32112
Crescent City, FL 32112 City/State and Zip Code Cookie Collision 1@ g.m.a.l (com E-mail address: (to be used for future annual report notification)
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
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S155.00 Filing Fee & Certificate of Status} \text{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 Liab	ility Company is:			
	Casual LLC. contain the words "Limited Lin			
(Must co	ontain the words "Limited Li	ability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stree	t address of the principal offi	ce of the Lin	nited Liability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Add	ress:
טאטו	old Highway 17		1040 Ald Hishuan	, l7
Cresco	old Highway 17 ont City, FL 32112		Crescent City, E	L 32112
	<u></u>	_		
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	any cannot serve as its own R an active Florida registration. eet address of the registered a	egistered Ag) gent are:		ndividual or
	1640 Ald 1	tishway	17	
	Florida street address (P.O. Box N	IT acceptable)	
	Cresunt City	FL.	32112 Zip	
	City	State	Zip	
laving been named as registere lace designated in this certifica arther agree to comply with the m familiar with and accept the	ate, I hereby accept the appoint provisions of all statutes related obligations of my position as	ntment as reg iting to the pi registered a	istered agent and agree to act oper and complete performan	t in this capacity. I nce of my duties, and I

(CONTINUED)

"MGR" = Manager AMOR" = Manager AMOR" = Manager Redectiff Cock 1040 Old Hanacy 17 (rexeast City, it 5202 CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days: te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed inserted attentions, if any. REOUIRED 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 Statics of an authorized representative of a member. It is a may be a may be a member of a may be a member of a may be a member. It is a may be a member of a may be a member of a member. It is a may be a may be a member of a member of a member. It is a may be a member of a member of a member. It is a may be a may be a member of a member of a member of a member. It is a may be a member of a member of a member. It is a may be a member of a member of a member. It is a may be a member of a member of a member. It is a may be a member of a member of a member of a member. It is a may be a member of a member of a member of a member of a member. It is a may be a m	<u>Title:</u>		Name and Address:
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Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)