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(R	Requestor's Name)	
A)	ddress)	
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(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(8)	Susiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special instructions to Filing Officer:		





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COVERLETTER

TO: New Filing Section Division of Corporations
SUBJECT: Claudias Place LC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
La Crystal Wille Name of Person
2502 Holton Street 23DE Address
Tallahassee FL, 37310 City/State and Zip Code dynamicdianumds 73000 (mail. Com 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: \$\int \text{\$125.00 Filing Fee} \text{\$\int \$130.00 Filing Fee & Certificate of Status} \text{\$\int Certificate of Status} \$\int \$\in
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 Tallahassee, Fl. 32314 Z661 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:

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:

Mailing Address:

Holton Street Talkhasser

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:

La'Crystal likyche

2502 Haton Street 230E. Florida street address (P.O. Box NOT acceptable)

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. Thereby 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.

Ha Cup HA Lun Wel Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager Manager (Owner)	La'Cristal Wicht 750Ly Fluitory Street 230E Tullahasse Fl 37310	
(Use attachment if necessary)		
(If an effective date is listed, the date must the date of filing.)	e date of filing: O2/27/2014 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	SHA Wichel	
Signature of This document is I am aware that an	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155. F.S.	
_ ha	Typed or printed name of signee	
	Citing Com.	

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)