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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Flawless Colle	of Limited Liability Company
The enclosed Articles of Organization and fee	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Giendoria A. R	Name of Person
2325 W. Pensaco	ola St Apt 146 Address
Talkhassee Fla  brinsonglendoria  E-mail address: (to b)  For further information concerning this matter.	City/State and Zip Code  Cymail (om e used for future annual report notification)
	at ( 850 ) 345- 4752  Area Code Daytime Telephone Number
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Fe Certificate of Sta	
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

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The name of the Limited Liability Company is:

Flawless Collection, 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:

Mailing Address:

ARTICLE 111 - 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:

Glendoria REEd

2305 W. PENSOCO 10 St APt 140
Florida street address (P.O. Box NOT acceptable)

Tallahasses Fin 32904

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 l 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:		ame and Address:	
"AMBR" = Authoriz "AIGR" = ManagerM_G_R		GIENDOVIO REE 2375 W. PENSACOI Tallanossee Fio	a St 1101 144
	 -		
	- -		
(Use attachment if n	- - ecessary)		
(Use attachment if n	if other then the date of filing:		(OPTIONAL)
CLE V: Effective date, effective date is listed, te of filing.)  If the date inserted in	if other then the date of tiling: _ the date must be specific and c	rannot be more than five busine plicable statutory filing requirent ecords.	ess days prior to or 90 days
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)