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SECRETARY OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Little White Poppy LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: Seth 04/01/10	UCC 1 or 3 File
04/01/19	UCC 11 Search
Name Date Time	UCC 1) Retrieval

COVER LETTER

Div	ision of Corporations		
CUDIECT.	Little White Poppy LLC		
SUBJECT:	Name o	of Limited Liab	ility Company
The enclose	d Articles of Organization and fee	(s) are submitte	d for filing.
	n all correspondence concerning the		
r lease return	ran correspondence concerning a	113 11101111	, or a single
ı	Asiya Alloo		
•		Name o	of Person
•		Firm/C	Company
	2810 San Jancinto Circle		
•		Ade	iress
	Sanford, FL 32771		
		City/State	and Zip Code
<u>l</u> 1	ttlewhitepoppy@gmail.com	a swed for future	annual report notification)
			. amaa report nomeanon,
For further in	formation concerning this matter,	please call:	
	Asiya Alloo	407	432-1971
•	Name of Person	at (Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount	:	
] \$125.00 Fi	ling Fee \$130.00 Filing Fe Certificate of Star	ius ——Cert	5.00 Filing Fee & S160.00 Filing Fee. 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

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Little White Poppy LL	С		
(Must co	ontain the words "Limited	d Liability Company, "L.	L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and stree	t address of the principal	office of the Limited Lia	ability Company is:
<u>Princ</u>	cipal Office Address:		Mailing Address:
2810 San Jacinto Cin	de	2810 Sar	Jacinto Cirice
Sanford, FL 32771		Sanford,	FL 32771
The Limited Liability Compa	any cannot serve as its ow	m Registered Agent. You	Signature: a must designate an individual o
RTICLE III - Registered / The Limited Liability Compa nother business entity with a 'he name and the Florida stre	any cannot serve as its own active Florida registratet address of the registere	m Registered Agent. You ion.)	: Signature: a must designate an individual (
The Limited Liability Compa nother business entity with a	any cannot serve as its ow an active Florida registrat	m Registered Agent. You ion.)	Signature: 1 must designate an individual (
The Limited Liability Compa nother business entity with a	any cannot serve as its own active Florida registratet address of the registere	m Registered Agent. You ion.) ed agent are: Name	Signature: a must designate an individual
The Limited Liability Compa nother business entity with a	any cannot serve as its own active Florida registratet address of the registere Asiya Alloo 2810 San Jacinto Circle	m Registered Agent. You ion.) ed agent are: Name	a must designate an individual
The Limited Liability Compa nother business entity with a	any cannot serve as its own active Florida registratet address of the registere Asiya Alloo 2810 San Jacinto Circle	m Registered Agent. You ion.) ed agent are: Name	a must designate an individual

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)

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•	RT	Г	13/

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

"MGR" = Manager MGR Manager Manager Manager Manager MGR MGR	Title:		Name and Address:	
(Use attachment if necessary) (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: Icfective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days af ate of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste locument's effective date on the Department of State's records. ICLE 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. Asiya Alloo 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)				
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filling:		ınager	Asiva Alloo	
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:	MOIT			
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