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2019 APR 15 AM 10:52

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N CULLIGAN

APR 15 2019

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT:

A Mermaid's Touch 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:

Tosha Marie Brown  
Name of Person

37 MAIDO STREET  
Address

CRAWFORDVILLE FLA 32327  
City/State and Zip Code

serenitystorm85@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tosha M. Brown at (850) 688-7162  
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:

A MERMAID'S TOUCH PAINTING & CABINETRY 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:

37 MAIDO STREET  
CRAWFORDVILLE FL 32327

37 MAIDO STREET  
CRAWFORDVILLE FL  
32327

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:

Tasha M. Brown  
Name

37 MAIDO STREET  
Florida street address (P.O. Box NOT acceptable)  
Crawfordville FL 32327  
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.

Tasha M. Brown  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2013 JUN 15 AM 10:52  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FL

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:

Tosha Marie Brown  
37 Maids Street  
Crawfordville FL 32827

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\_\_\_\_\_

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 15<sup>th</sup> 2019, (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:

Tosha Marie Brown

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.

TOSHA MARIE BROWN

Typed or printed name of signer

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)

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2019 APR 15 AM 10:52  
TOSHA MARIE BROWN