L19000 184337

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	• #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	curnent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

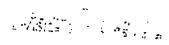
Office Use Only

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COVER LETTER

19 JUL 17 24 9:09

TO: New Filing Section Division of Corporations			
SUBJECT: Clay Cottage Pottery 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:			
· Patricia Gadomoki			
Name of Person			
Firm/Company			
695 East Washington Street			
Address			
Monticello FL 32344			
Clay cottage not ten, Q yahoo.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Patricia Gadansky, 412, 452-1549			
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee Certificate of Status S155.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)			
Mailing Address Street Address			

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:
ARTICLE I - Name:
The name of the Limited Liability Company is:
(Must contain the words)"Limited Liability Company, "L.L.C.," or "LEC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1.95 East Washington Street U95 East Washington Street monticello, FL 32344 Monticello, FL 32344
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:
Potricia Gadonsk
695 East Washington Street
Florida street address (P.O. Box NOT acceptable)
YYINDTICELLO EL 32344

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

	To
ARTICLE IV- The name and address of each person authorized	to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager The Call	Patricia Gadomski 495 East Washington St. Monticello, FL 32344
AMBR	Fdward Gadomski 1.95 East Washington 5t. Monticello, FL 32344
the date of filing.)	is July 13, 2019 (OPTIONAL) Id cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	's records.
REQUIRED SIGNATURE: Falulu	a Shaomski
This document is executed in ac I am aware that any false inform	r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
Patric	Tadomsk) Tor 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)