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SECRETARY OF STATE
TALLAHASSEE, FL

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## COVER LETTER

10: New Filing Section Division of Corporations	
SUBJECT: <u>Great Shirt Fas</u> Name of Limited	t LLC
Name of Limited	Liability Company
The enclosed Articles of Organization and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter to	o the following:
Daria Gorcha	Kova
Na	ime of Person
Fi	rm/Company
500 Barefoot lu	apt SID
Panama City Beac	eh FL 32413
Panama City Beac City/St indigocreative studio	ate and Zip Code
E-mail address: (to be used for fi	uture annual report notification)
For further information concerning this matter, please call:	
Paria Gorchakova at 85	0, 2585040
Name of Person Area C	ode Daytime Telephone Number
Enclosed is a check for the following amount:	
MS125.00 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy ditional 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	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

, 11

(CONTINUED)

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## ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	_	
MGR	Daria Gorchakova	
	500 Barefoot lu apt si	<del></del>
	Panama City Beach Fl	3293
<del></del>		
		<del></del>
(Use attachment if necessary)		
the date of filing.)	pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date to f State's records	•
ARTICLE VI: Other provisions, if any.	COLSTACE STEEDIGS.	
REOUIRED SIGNATURE:		
This document is exec I am aware that any fal	tember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida S se information submitted in a document to the Department of the department of the department of the section of the sect	latutes. of State
Daria	Gorchakova Typed or printed name of signee	<b>2019 D</b> SECR
	rappigation and Decignation of Decigtared Agent	- <b>.</b>
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optio	ť	
Copie	Ĺ	