# L20000000389

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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**M SIMMONS** 

M SIMMONS JAN 02 2020

# COVER LETTER

	Filing Section on of Corporations			
(3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	d Fellas LLC			
SOBJECT	Name of	Limited Liabi	lity Company	
The enclosed A	articles of Organization and fee(s	) are submitte	d for filing.	
Piease return al	l correspondence concerning this	matter to the	following:	
Rae	chel Dicker			
		Name o	f Person	
Ad	Fellas			
<del></del>		Firm/C	ompany	
670	) Sunset Dr S			
<del></del>		Add	ress	
St	Petersburg, FL 33707			
rach	el@localmarketingmasters.com	City/State a	nd Zip Code	
	E-mail address: (to be u	sed for future	annual report notificati	on)
For further infor	mation concerning this matter, pl	ease call:		
Rac	hel Dicker	203	415-1382	
<del></del>	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is a c	heck for the following amount:			
S125.00 Filing Fee     S130.00 Filing Fee & Certificate of Status		Certif	☐S155.00 Filing Fee & ☐S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section		Street Address New Filing Section Di	vision

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must con	atin the words "Limited L	iability Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address:				
e mailing address and street a	address of the principal of	fice of the Limited	Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Address:	
670 Sunset Dr S		670 :	670 Sunset Dr S	
St Petersburg, FL 33	3707	St Po	etersburg, FL. 33707	
ne Limited Liability Compan other business entity with an	y cannot serve as its own l active Florida registration	Registered Agent. ` n.)	n <b>t's Signature:</b> You must designate an individual or	
he Limited Liability Compan other business entity with an	y cannot serve as its own I active Florida registration address of the registered	Registered Agent. ` n.)		
he Limited Liability Compan other business entity with an	y cannot serve as its own l active Florida registration	Registered Agent. ` n.)		
The Limited Liability Companiother business entity with an	y cannot serve as its own I active Florida registration address of the registered	Registered Agent. \ n.) agent are:		
The Limited Liability Companiother business entity with an	y cannot serve as its own I active Florida registration address of the registered Rachel Dicker	Registered Agent. \ n.) agent are: Name	You must designate an individual or	
the Limited Liability Companiother business entity with an	y cannot serve as its own I active Florida registration address of the registered  Rachel Dicker  670 Sunset Dr S	Registered Agent. \ n.) agent are: Name	You must designate an individual or	
RTICLE III - Registered Ag The Limited Liability Compan				
he Limited Liability Compan other business entity with an	y cannot serve as its own l active Florida registration	Registered Agent. ` n.)		
	y cannot serve as its own I active Florida registration address of the registered	Registered Agent. \ n.) agent are:		
The Limited Liability Companiother business entity with an	y cannot serve as its own I active Florida registration address of the registered Rachel Dicker	Registered Agent. \ n.) agent are:		
he Limited Liability Compan other business entity with an	y cannot serve as its own I active Florida registration address of the registered  Rachel Dicker  670 Sunset Dr S	Registered Agent. \ n.) agent are: Name	You must designate an individual or	
he Limited Liability Compan other business entity with an	y cannot serve as its own I active Florida registration address of the registered  Rachel Dicker  670 Sunset Dr S  Florida street address	Registered Agent. No.) agent are: Name (P.O. Box NOT ac	You must designate an individual or	
he Limited Liability Compan other business entity with an	y cannot serve as its own I active Florida registration address of the registered Rachel Dicker  670 Sunset Dr S Florida street address St Petersburg	Registered Agent. No.) agent are: Name (P.O. Box NOT ac	You must designate an individual or cceptable)	
he Limited Liability Compan other business entity with an	y cannot serve as its own I active Florida registration address of the registered  Rachel Dicker  670 Sunset Dr S  Florida street address	Registered Agent. No.) agent are: Name (P.O. Box NOT ac	You must designate an individual or	
he Limited Liability Compan other business entity with an e name and the Florida street	y cannot serve as its own I active Florida registration address of the registered Rachel Dicker  670 Sunset Dr S Florida street address St Petersburg City	Registered Agent. No.) agent are: Name  (P.O. Box NOT account of the state)	You must designate an individual or cceptable)  33707  Zip	
the Limited Liability Companiother business entity with an ne name and the Florida street wing been named as registered	y cannot serve as its own I active Florida registration address of the registered Rachel Dicker  670 Sunset Dr S Florida street address St Petersburg City  agent and to accept service	Registered Agent. Sol.) agent are: Name  (P.O. Box NOT active State) State	You must designate an individual or cceptable)  33707  Zip  above stated limited liability compare	
The Limited Liability Companiother business entity with an ne name and the Florida street wing been named as registered ce designated in this certificate	y cannot serve as its own I active Florida registration address of the registered Rachel Dicker  670 Sunset Dr S Florida street address St Petersburg City  agent and to accept service, I hereby accept the appo	Registered Agent. Yo.) agent are: Name  (P.O. Box NOT active State) State the of process for the intment as registered.	You must designate an individual or cceptable)  33707  Zip	

(CONTINUED)

### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized M	fember
"MGR" = Manager	
AMBR	Rachel Dicker 670 Sunset Dr S
	St Petersburg FL 33707
AMBR	Robert Scott
	670 Sunset Dr S
	St Petersburg FL 33707
(I los ottophes set if a sugge	
(Use attachment if necess	ary)
ARTICLE V: Effective date, if oth	ner than the date of filing: (OPTIONAL)
(If an effective date is listed, the d	ate must be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	block does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the	he Department of State's records.
ARTICLE VI: Other provisions, if	any
DUALUDUD GLGNA TE	
<u>REOUIRED</u> SIGNATÚ	RE:
(	
Sig	nature of a member or an authorized representative of a member.
This docu	ument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am awai	re that any false information submitted in a document to the Department of State
constitute	es a third degree felony as provided for in s.817.155, F.S.
Ra	achel Dicker
_	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)