## L20 000 026492

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

Office Use Only



400338139874

01/03/20--01003--007 \*\*160.00

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ever So Slightly, LLC Name of Limit	ted Liability Company
The enclosed Articles of Organization and fee(s) are	-
Please return all correspondence concerning this ma	ter to the following:
Melissa Ann Peddie	Name of Person
	Name of Person
Ever So Slightly, LLC	Firm/Company
5547 NW CR 270	
	Address
Bristol, FL 32321	
digummers law@amail.com	y/State and Zip Code  for future annual report notification) e call:
Melissa Ann Peddie at ( 8:  Name of Person	50 ) 447-0209 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

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:		
Ever So Slightly LLC	ted Liability Company, "L.L.C.,"	
	led Liability Company, "L.L.C.,	or "LEC.")
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability C	Company is:
Principal Office Address:	Mailing Address:	
5547 NW CR 270	5547 NW CR 270	<del></del>
Bristol, FL 32321	Bristol, FL 32321	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ovanother business entity with an active Florida registration	wn Registered Agent. You must d	
The name and the Florida street address of the register	red agent are:	
Melissa Ann Peddie Nac	me	
5547 NW CR 270 Florida street address (P.O. B	Box NOT acceptable)	
Bristol	FL 32321	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate. I hereby acceptancity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Ch	cept the appointment as registered ns of all statutes relating to the problem obligations of my position as registrapter 605, F.S	agent and agree to act in this oper and complete performance
(CONTIN	NUED)	2
Page 1	of2	2020 JAN -3 AM 7: 33 SECRETARY OF STATE STALLAHASSEE. FL

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
AMBR	James Christopher Peddie
	5547 NW CR 270, Bristol, FL 32321
AMBR	Melissa Ann Peddie
	5547 NW CR 270, Bristol, FL 32321
<del></del>	
- '	of filing: (OPTIONAL)
	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date of tive date is listed, the date must be specifiling.)	
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  VI: Other provisions, if any.	cific and cannot be more than five business days prior to or s
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 9
C.V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  C.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men	cific and cannot be more than five business days prior to or so that the second
EV: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under	nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State
E.V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  E.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.

\$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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