

L20000041516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

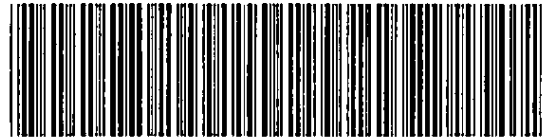
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/21/20--01021--016 **125.00

COVER LETTER

**TO: New Filing Section
Division of Corporations**

Ms Paua Jewelry LLC

SUBJECT: _____
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:

Donna Shones

Name of Person

Firm/Company

84961 Old Highway, Lot 4

Address

Islamorada, Florida 33036

City/State and Zip Code

29likemyage@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Shones

305

664-0113

at (_____) _____

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 JAN 21 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ms Paua Jewelry 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:

84961 Old Highway Lot 4
Islamorada, Florida 33036

Mailing Address:

84961 Old Highway Lot 4
Islamorada, Florida 33036

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:

Donna Shones

Name

84961 Old Highway Lot 4

Florida street address (P.O. Box **NOT** acceptable)

Islamorada

Florida

33036

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..

Donna M Shones

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, 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:

Donna Shones

84961 Old Highway Lot 4

Islamorada, Florida 33036

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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.

Donna M Shones

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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SECRETARY OF STATE
TALLAHASSEE, FL

Ms Paua Jewelry LLC
84961 Old Highway Lot 4
Islamorada, Florida 33036

Hello,

I am enclosing a copy of the domaine name that I purchased in September 2019 from GoDaddy. I own The domaine but have not activated an online account for the business that I am just now starting. Originally I was planning on creating an online business. I decided it would be to my best interest to do a test market with my artisan handmade jewelry.

This year I am planning to do some local art shows and see how it goes. It will be a good opportunity to check my pricing and customer interest. If all goes well this year I will look into an online business.

Thank you,
Donna Shones

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2020 JAN 21 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FL

My Domains

Domain Settings

mspaua.com

is set to automatically renew on 9/20/21.

[Add Website](#)

[Manage Email](#)

Contact Information

Your information is **PRIVATE**. This is how your contact information appears to people who search for it online.

Domains By Proxy, LLC

14455 N. Hayden Road

Scottsdale, Arizona

United States 85260

+1.4806242599

mspaua.com@domainsbyproxy.com

[View personal information](#)

We're taking email sent to mspaua.com@domainsbyproxy.com and delivering it to 29likemyage@gmail.com.