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(Àddress)
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279 FT Chart 3: 1820 FT 24 FT 25 TO 25 TS

M SIMMONS FEB 2 4 2020

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Krattes Kreations by Tania 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:	
Tania Lacayo	
Tania Lacayo Name of Person	
Firm/Company	
2001 Old St Augustine Rd #A102	
Tauanassee 71 32301 City/State and Zip Code	
Kreations. Ke yahoo Com E-mail address: (to be used for luture annual report notification)	
For further information concerning this matter, please call:	
Tania La Cayo at (954) 470 4215 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	00 Filing Fee. ate of Status & d Copy Leopy is enclosed)
Mailing Address Stront Address	

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

ARTICLES OF OR GANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:
Krazy Kreations by Tania LLC. (Must corratin the words "Limited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
2001 old St Augustine Rd A102 Tallahassee 71 37301 Tallahassee 71 37301
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:
Tania Lacago Name
Florida street address (P.O. Box NOT acceptable)
Toulahassee 71 32301 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. Registered Agent's Signature (REQUIRED)

(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 Member		
"MGR" ≠ Manager		
したら	Tania Lacayo	
	2001 OIC SI AUGUSTICE RC	<u>1 (1105</u>
	Taulahassee 27 32301	
		
		·
(Use attachment if necessary)		
ocument's effective date on the Department of ICLE VI: Other provisions, if any.	f State's records.	
REQUIRED SIGNATURE:		
(T)		
Signature of a mar	nber or an authorized representative of a member.	
This document is execute	ed in accordance with section 605.0203 (1) (b). Florida S information submitted in a document to the Department of	tatutes.
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