# L20000103299

(Dannardada Marra)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Fitone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coomson Line)
(Document Number)
Certified Copies Certificates of Status
0 11 1 5 5 5 7 0 7
Special Instructions to Filing Officer:
W20000035432

Office Use Only



600342772716

04/06/20--01013--014 \*\*155.00

FILED
020 APR 16 PM 3:1

# COVER LETTER

TO: New Filing Section Division of Corporations QUEEN Custom Creations	>
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:	
Tiffani DiStaun Dans	7
QUEEKI CLISTON Creations = T	
Firm/Company	
Firm/Company S. T. 1026 Collenton Clave S.	_
Address	
Sa: aScha Tla 34234 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	<u>,                                    </u>
For further information concerning this matter, please call:	
Tiffani Dar 5 at 407   406-9916  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125,00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee.} \text{Certified Copy (additional copy is enclosed)}}	
Mailing Address Saw Filing Saction Saw Filing Section	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 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:	Custari	Creations LLC."
Convers (Marian est		
(Must contain the words "Limited Liability Co		

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
1026 Collector drive Saidsugtra 34234	1026 Collector drive		

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:

Name

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

10001 4 10 040

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..

Redistered Agent's Signature (REQUIRED)

(CONTINUED)

2020 APR 16 PH 3: 15

# ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Tiffani Davis 1476 B. 1945 St. Sarasotog Fig 34234
<del></del>	
(Use attachment if necessary)	
If an effective date is listed, the date must be spoke date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
This document is execut I am aware that any falso	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
<u>In Ffai</u>	r felony as provided for in s.817.155, F.S.  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)