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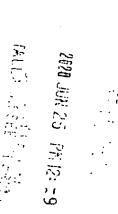
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	• • • • • • • • • • • • • • • • • • • •
SUBJECT:	Addicted To Shanara Collection LLC
SUBJECT	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Shanara Green
	Name of Person
	Addicted To Shanara Collection LLC
	Firm/Company
	2711 Allen Rd Apt H23
	Address
	Tallahassee, FL 32312
	City/State and Zip Code AddictedToShanarasCollection@gmail.com
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Shanara Green at (786) 309 - 6862
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
□\$125.00	Filing Fee Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Filing Fee Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

TO:

New Filing Section Division of Corporations

> 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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Shanara Green	
WOR	2711 Allen Rd Apt H23	
	Tallahassee, FL 32312	
(Use attachment if necessary)		
CLEV: Effective date, if other than the dat	te of filing:	. (OPTIONAL)
effective date is listed, the date must be a ste of filing.)	pecific and cannot be more than five b	miness days prior to or 90 days after
If the date inserted in this block does not ocument's effective date on the Departmen		sirements, this date will not be listed
CLE VI: Other provisions, if any.		

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.

Shanara Green
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)

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabil	hity Company is:			
Addicted To Shana	ra Collection LLC			
(Must con	natin the words "Limited	Liability Com	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the arisoinal o	effice of the 1 is	nisal I iskilite Company is-	
The fighting agences and select	address of the principle of	THE OT THE IM	into Buomy Company is.	
<u>Princi</u>	pal Office Address:		Mailing Addr	<u>ess</u> :
2711 Allen Rd Apt	บาว		P. O. Box 180358	
Tallahassee, FL 32	-		Tallahassee, FL 32312	
ARTICLE III - Registered A				
(The Limited Liability Compar	-		gent. You must designate an ind	fividual or
another business entity with ar	ı active Florida registratio	on.)		
The same and the Florida state		A		
The name and the Florida street	a segment of the registered	и жест же:		
	Shanara Green			
		Name		
	2711 Ailen Rá Apt i	H23		
	Florida street addres	ss (P.O. Box N	OT acceptable)	
	Tallahassee	FL	32312	
	City	State	Zrp	
Having been named as registered	d ansert and to assert seem	ing of pages :	in the above wated limited light	ilita commune et the
place designated in this certifica				
further agree to comply with the				
am familiar with and accept the				
		\mathcal{K}) / 1	
		-1^{\prime}	/	1
			(2)(2)	(
	Kegis	icrod Agent's S	ignature (REQUIRED)	

(CONTINUED)

COVER LETTER

	ew Filing Sec ivision of Co					
eun ir <i>e</i> -r		To Shanara Collection LLC				
SUBJECT	SUBJECT: Name of Limited Liability Company					
The enclose	ed Articles of	Organization and fee(s) are	submitted for filing.			
Please retur	m all correspo	ondence concerning this mat	tter to the following:			
	Shanara Gre	ะก				
			Name of Person			
	Addicted To	Shanara Collection LLC				
			Firm/Company			
	2711 Allen l	Rd Apt H23				
			Address	· · · · · · · · · · · · · · · · · · ·		
	Tallahassee,	FL 32312				
			ty/State and Zip Code			
		hanarasCollection@gmail.c				
	1	E-mail address: (to be used t	for future annual report notificati	on)		
For further in	iformation co	ncerning this matter, please	call:			
	Shanara Gree	en – aa (186,309-6	2862		
•	Nam	e of Person Ar	ea Code Daytime Telephon	e Number		
Enclosed is	a check for the	he following amount:				
□\$125.00	Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)		
	Moilia	e Address	Street Address			

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

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

Title:	Name and Address: Authorized Member	
"MGR" = M		
	Shanara Green	
MGR	2711 Allen Rd Apt H23	
	Tallahassee, FL 32312	
		
	······································	
If an effective date is he date of filing.) Note: If the date inse	ve date, if other than the date of filing: (OPTIONAL) listed, the date must be specific and cannot be more than five business days prior to or 90 days at rted in this block does not meet the applicable statutory filing requirements, this date will not be listed ive date on the Department of State's records.	
ARTICLE VI: Other p	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.	
	Shanara Green	
	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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Lial	oility Company is:			
Addicted To Shar	nara Collection LLC			
	onatin the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	_
ARTICLE II - Address:				
The mailing address and stree	et address of the principal o	office of the Lin	nited Liability Company is:	
Prin	cipal Office Address:		Mailing Address:	
2711 Allen Rd A	ot H23		P. O. Box 180358	
Tallahassee, FL 3	2312		Tallahassee, FL 32312	_
				_
ARTICLE III - Registered (The Limited Liability Companother business entity with: The name and the Florida stre	any cannot serve as its own an active Florida registration cet address of the registered Shanara Green 2711 Allen Rd Apr 1	n Registered Agon.) d agent are: Name	ent. You must designate an individual or	
	Florida street addres	ss (P.O. Box <u>N</u>		
	Tallahassee	FI	32312	
	City	State	Zip	
place designated in this certific further agree to comply with the	ate, I hereby accept the app e provisions of all statutes r e obligations of my position	rointment as reg relating to the pr at registered of	or the above stated limited liability company istered agent and agree to act in this capacity coper and complete performance of my duties gent as provided for in Chapter 605, F.S	ty. I

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