

L200000183728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

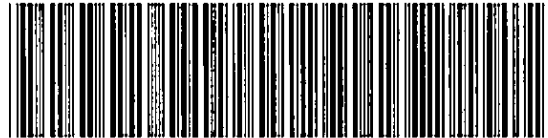
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 JUN 25 PM 12:29
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COVER LETTER

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

SUBJECT: Addicted To Shanara Collection LLC
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:

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 information concerning this matter, please call:

Shanara Green

Name of Person

at (786) 309-6862

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

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Shanara Green

2711 Allen Rd Apt H23

Tallahassee, FL 32312

(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.

Shanara Green

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Addicted To Shanara Collection 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:

2711 Allen Rd Apt H23

Tallahassee, FL 32312

Mailing Address:

P. O. Box 180358

Tallahassee, FL 32312

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:

Shanara Green

Name

2711 Allen Rd Apt H23

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

Tallahassee

FL

32312

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)

COVER LETTER

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Name of Person

Addicted To Shanara Collection LLC

Firm/Company

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Address

Tallahassee, FL 32312

City/State and Zip Code

AddictedToShanarasCollection@gmail.com

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Title:

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Name and Address:

MGR

Shanara Green

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Tallahassee, FL 32312

(Use attachment if necessary)

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Shanara Green

Typed or printed name of signee

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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

TALLAHASSEE, FL 32312

2020 JUN 25 PM 12:29

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Addicted To Shanara Collection I.L.C

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

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Tallahassee, FL 32312

Mailing Address:

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Registered Agent's Signature (REQUIRED)

(CONTINUED)