

**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
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**From:**

Account Name : HUBCO  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: MONICA.RICHARDSON421@gmail.com

**FLORIDA LIMITED LIABILITY CO.**  
**THE RED VELVET FACTORY, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED

2020 JUL 22 PM 1:43

CORPORATIONS  
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2020 JUL 22 AM 6:33  
 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FL

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(No subject)

M Richardson <monica.richardson421@gmail.com>

Mon 7/13/2020 11:16 AM

To: Print at The UPS Store #3115 <print3115@theupsstore.com>

To whom it may concern,

My name is Monica Denise Richardson, owner of The Red Velvet Factory, LLC .. L17000219952. I am no longer planning on using it and would like to give myself the consent to use the same name for a new filing. Any questions or concerns-please let me know. Thank you for your time and consideration in this matter.

Signed,

Monica D. Richardson, Owner



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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**THE RED VELVET FACTORY, LLC**

(Must end with 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:**1405 MAGNOLIA STREET  
BARTOW, FLORIDA 33830**Mailing Address:**1405 MAGNOLIA STREET  
BARTOW, FLORIDA 33830**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:

MONICA RICHARDSON

Name

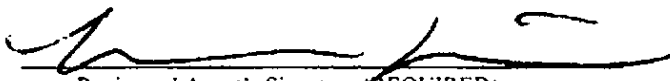
1405 MAGNOLIA STREETFlorida street address (P.O. Box **NOT** acceptable)BARTOW

City

FL 33830

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)

MONICA RICHARDSON

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**AMBR**

**Name and Address:**

**MONICA RICHARDSON**

**1405 MAGNOLIA STREET**

**BARTOW, FLORIDA 33830**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

**MONICA RICHARDSON**

Typed or printed name of signee

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