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(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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	ew Filing Section ivision of Corporations		
eup meer	Seams Legit , LLC		
SUBJECT		nited Liability Company	_
The enclos	ed Articles of Organization and fee(s) are	submitted for filing.	
Please retu	rn all correspondence concerning this ma	tter to the following:	
	Ashley Worley		
		Name of Person	
	Seams Legit , LLC		
		Firm/Company	
	402 E. Carolina Street Apt 4		
		Address	
	Tallahassee, FL 32301		
	C ashoweehenzo@gmail.com	ity/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further i	nformation concerning this matter, please	e call:	
	Ashley Worleyat (850, 228-6994	_
	Name of Person A	rea Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:		
₽ \$125.00	Filing Fee □\$130.00 Filing Fee & Certificate of Status	Certified Copy Certified (additional copy is enclosed) Certified	00 Filing Fee, ate of Status & I Copy I copy is enciosed)
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	700 I 3 PH
	P.O. Box 6327 Tallahassee, Ft. 32314	Tallahassee, FL 32303	1 3: 2 1 3: 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Seams Legi		
(1)	Aust conatin the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Addres	is:	
The mailing address and	d street address of the principal office of	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
402 E. Care	olina Street Apt 4	402 E. Carolina Street Apt 4
Tallahassee	, FL 32301	Tallahassee, FL 32301
		ogistered Agent's Signature
ARTICI F III - Regist	'ered Agent, Registered Office, & Re	
(The Limited Liability)	tered Agent, Registered Office, & Re Company cannot serve as its own Regi- with an active Florida registration.)	
(The Limited Liability) another business entity	Company cannot serve as its own Regi	stered Agent. You must designate an individual or
(The Limited Liability) another business entity	Company cannot serve as its own Regi- with an active Florida registration.)	stered Agent. You must designate an individual or
(The Limited Liability) another business entity	Company cannot serve as its own Region with an active Florida registration.) da street address of the registered agen	stered Agent. You must designate an individual or
(The Limited Liability) another business entity	Company cannot serve as its own Region with an active Florida registration.) da street address of the registered agenth Ashley Worley	stered Agent. You must designate an individual or nt are:

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.

Tallahassee

City

FL

State

Registered Agent's Signature (REQUIRED)

32301

Zip

(CONTINUED)

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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			
<u>MGR</u>	Ashley Worley 402 E. Carolina Street Apt 4		
	Tallahassee, FL 32301		
			
			
ument's effective date on the Depart	s not meet the applicable statutory filing requirements, this ment of State's records.	date wi	n not
LE VI: Other provisions, if any.			
REOUIRED SIGNATURE:			_
Signature o	f a prember or an authorized representative of a member	 er.	
This document is	executed in accordance with section 605.0203 (1) (b). Flor	ida Stati	
	v false information submitted in a document to the Departr degree felony as provided for in s.817.155, F.S.	nent of S	State
Ashley Wo	elov		
Asinev wo	Typed or printed name of signee	_	2
	.,		920
	Filing Fees:		2020 KUG
	of Organization and Designation of Registered Agent		
\$ 30.00 Certified Copy (Option			 ယ
\$ 5.00 Certificate of Status (C)ptional)	• •	
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