12/14/2020



Division of Corporations Electronic Filing Cover Sheet

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(((H20000426491 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020

Fax Number

: (813)435-3176 : (813)333-6358

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

Email Address

FLORIDA LIMITED LIABILITY CO.

Pillows On Pillows Niche LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

J. FASON

DEC 15 2020

J. FASON

Hect gring Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY COMPANY
¢ ;	. •
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Pillows On Pillows Niche LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "L.L.C.")
(Must contain the words "Limited Liabs ARTICLE II - Address:	
(Must contain the words "Limited Liabs ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
(Must contain the words "Limited Liabs ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

THE LAW OFFICE	S OF NICK SPRADLI	N, PLLC
	Name	
2202 N. WEST SHO	ORE BLVD. STE 200	
Florida street addres	ss (P.O. Box NOT acce	ptable)
TAMPA	FLORIDA	33607
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)

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2020 DEC 14 AM 11: 19

H20000426491 3

Citle:	Name and Address:
'AMBR" = Authorized Membe	er
'MGR" = Manager	
AMBR	Pamela Strider
	1317 Edge Water Drive #3113
	Orlando, Florida 32804
	1. d 7. D
MGR	Anthony L Brown 1317 Edge Water Drive #3113
	Orlando, Florida 32804
	STANDARD STANDARD
	
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ctive date is listed, the date m f filing.) the date inserted in this block	an the date of filing:
EV: Effective date, if other the ctive date is listed, the date in filling.) he date inserted in this block tent's effective date on the De EVI: Other provisions, if any	nust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no epartment of State's records.
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