L21000203578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Just My Styles Fashion & Accessories 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:

Doreen Franklin
Name of Person

Just My Styles Fashion & Accessories LLC.
Firm/Company

3700 34th Street
Address

Orlando, Florida 32805
City/State and Zip Code

justmystylefashion@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnathan Franklin at (407) 202-6598
Name of Person Area Code Daytime Telephone Number

Johnathan

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

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Just My Styles Fashion & Accessoizies LLC.
(Must contain the words "Limited Liability Company," "L.L.C.," or "L.L.C.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
3700 34th Street
Orlando, Florida 32805

Mailing Address:
3022 S. Rio Grande Ave. Apt. C
Orlando, Florida
32805

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:

Vanessa Franklin
Name

3022 S. Rio Grande Ave Apt. C
Florida street address (P.O. Box NOT acceptable)

Orlando, Florida 32805
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..

Vanessa Franklin
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	
MGR/~~[illegible]~~	Doreen Franklin 3022 S. Rio Grande Ave Apt C Orlando, Florida
AMBR	Johnathan Franklin 3022 S. Rio Grande Ave Apt C Orlando, Florida
AMBR	Jamel Sincere Franklin 3022 S. Rio Grande Ave Apt C Orlando, Florida
AMBR	Jemari Deshaun Franklin 3022 S. Rio Grande Ave Apt C Orlando, Florida

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 11, 2021 (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.
The purpose of our company is to serve all communities with all types of clothing and accessories only

REQUIRED SIGNATURE:

Doreen Franklin

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.

Doreen Franklin
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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