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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number : I20190000077 : (954)773-7286 Fax Number : (954)526-8825

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

Email Address: AGONZALEZ

FLORIDA LIMITED LIABILITY CO. A LEAF AND A FEATHER, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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	COVER LETTER	
	Filing Section sion of Corporations	
SUBJECT:	A LEAF AND A FEATHER, LLC	
0000001.	Name of Limited Liability Company	
The enclosed	Articles of Organization and fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	
A	NTONIO GONZALEZ	
	Name of Person	
, G	GONZALEZ & ASSOCIATES III PA	
	Firm/Company	<u></u>
18	820 N CORPORATE LAKES BLVD SUITE 107	
	Address	
w	/ESTON, FL 33326	
	City/State and Zip Code	
AC	GONZALEZ@AMEFINANCIALGROUP.COM	
	E-mail address: (to be used for future annual report notification)	
For further infor	rmation concerning this matter, please call:	
AN	NTONIO GONZALEZ 954 773-7286	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a c	check for the following amount:	
□\$125.00 Fili	ing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 F Certificate of Status Certified Copy Certified Co (additional copy is enclosed) Certified Co (additional copy is enclosed)	f Status &

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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(CONTINUED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	
WMDK	LISETTE LABRADA 406 LAKEVIEW DR BUILDING 65 #104
	WESTON, FL 33326
_AMBR	LUPE H. LABRADA
	5810 SW 16th STREET
	MIAMI, FL 33155
(Use attachment if necessary)	
CLEV: Effective date, if other than the da	ute of filing: (OPTIONAL)
CLE V: Effective date, if other than the da effective date is listed, the date must be s	ste of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
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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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