## L21000218541

(Requestor's Name)
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PICK-UP WAIT MAIL
<i>(</i> )
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SECTION TO STATE

9891 MAY 17 PM 1: 0

## **COVER LETTER**

TO: New Filing Section
Division of Corporations

SUBJECT: Hitt the Streets Backquel
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:

Christie Bretler
Name of Person
Hitt the Streets Boutique
Firm/Company
III Charlie Harris Loop
Address
Drincy, FL 32352 City/State and Zip Code hit+thestreets@amail.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christie Butter (850) 545-4181

Name of Person Area Code Davime Telephone Number

Englosed is a check for the following amount:

☐\$130.00 Filing Fee & Certificate of Status

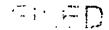
☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐\$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



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 MAY 17 PM 1: 08

ARTICLE I - Name:

The name of the Limited Liability Company is:

TALLAHA FE FL

(Must contain 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 Offi	<u>ice Address</u> :	
Charlie	Harris	LOOP

Mailing Address:

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:

Markis Bake

Florida street address (P.O. Box NOT acceptable)

v J State

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)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company

## Name and Address:

une:	Same and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
FMBR	Mark's Baker 111 Charlie Hacus Loop Owin cy + L 32352
AMBIR	Christie Butler
	- DOIN CY + 1- 3252

(Use attachment if necessary)

<u>Note:</u> 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.

REQUIRED SIGNATURE:

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.

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)