

L 21000 256 284

VIN

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

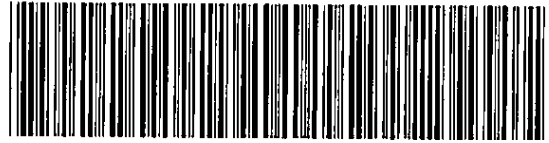
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 DEC 11 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sort, Store And Style LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ESTHER GARFIELD  
(Contact Person)

Sort, Store And Style LLC  
(Firm/Company)

4135 RAFFIA DR.  
(Address)

NAPLES, FL 34119  
(City/State and Zip Code)

For further information concerning this matter, please call:

ESTHER GARFIELD at (239) 438-0245  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L21000256284  
FILED 8:00 AM  
June 02, 2021  
Sec. Of State  
jcmliller**

**Article I**

The name of the Limited Liability Company is:

SORT, STORE AND STYLE LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

2430 VANDERBILT BEACH ROAD  
SUITE 108-707  
NAPLES, FL. 34109

The mailing address of the Limited Liability Company is:

2430 VANDERBILT BEACH ROAD  
SUITE 108-707  
NAPLES, FL. 34109

**Article III**

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

ESTHER R GARFIELD  
4135 RAFFIA DRIVE  
NAPLES, FL. 34119

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.

Registered Agent Signature: ESTHER R GARFIELD

#### Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR  
ESTHER R GARFIELD  
4135 RAFFIA DRIVE  
NAPLES, FL. 34119

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FILED 8:00 AM  
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Title: MGR  
MELINA KERVANDJIAN  
3216 PACIFIC DRIVE  
NAPLES, FL. 34119

*Resigning effective  
12-31-23*

#### Article V

The effective date for this Limited Liability Company shall be:

06/01/2021

Signature of member or an authorized representative

Electronic Signature: ESTHER R GARFIELD

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.