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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: A WOMAN'S TOUCH DOOL SERVICE + Repair, 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:
Name of Person J
A WOMAN'S TOUCH DUOL SERVICE OR EPAIR, LLC
6262 142 Alve, N Unit 203
ClearWater FL 33760 City/State and Zip Code
hisapourout@ad.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
To mai Erne 11337, 781-1425
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
A WOMAN'S TOUCH	POUSERVICE	+ REPAIR,	4

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
6262 Hand AUEN. UNHA/203	-01-4
\bigcap	SAVUE
Clar Water H 33-160	

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:

| Carmin Employ | Press. |
| Name | |
| 6262 142 nd Ave Not acceptable) |
| Carwater FL 33760

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. L. 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 (REQUINED)

(CONTINUED)

配 JUN 10 PM 3:5

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	\wedge	
PCS.	Tammi Ecnes 1'85, 6262 142ND AVE W. UNITE 1203	
	-Clearwater, 16 33760	
(Use attachment if necessary)		
(If an effective date is listed, the date must be s the date of filing.)	ne of filing:	
the document's effective date on the Departmen		.cu as
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
	1/25.	
This document is executed any fall am aware that any fall	nember or an authorized representative of a member. ured in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.	
	Typed or printed name of signee Filing Fees:	-
	Filing Fees:	:
\$125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional)	rganization and Designation of Registered Agent	,
S 5.00 Certificate of Status (Option	onal)	:
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