# L2/000273757

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



100366344821

85/25/21--81805--811 \*\*195.60

11

### COVER LETTER

Division of Corporations							
SUBJECT: Shop ShantaC	i LLC						
Name of Lir	nited Liability Company						
	: N :						
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.						
Please return all correspondence concerning this ma	atter to the following:						
shanta Gat	ers 3						
Name of Person							
	D) (0						
	Firm/Company						
4444 S rio aran	de ave APT 870C						
- TITO HO GICIL	Address						
<u>shantagaters</u>	283G  City/State and Zip Code  G G Coll . COM  for future annual report notification)						
For further information concerning this matter, please	e call:						
Shanta Cotters at (	186 285 0087 rea Code Daytime Telephone Number						
Enclosed is a check for the following amount:							
□\$125.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$\int \frac{1}{3}\frac{160.00}{3}\text{ Filing Fee.} \text{Certificate of Status & Certified Copy (additional copy is enclosed)}						
Mailing Address	Street Address						
New Filing Section	New Filing Section Division						
Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810							

Tallahassee, FL 32303

Tallahassee, FL 32314

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ĭCL	Æ.	[ - N	lame:
---	----	-----	----	-------	-------

The name of the Limited Liability Company is:

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 Office Address:

Mailing Address:

7901 4th St N STE 300 St. Petcisburg, FI 33702 7901 4th St N STE 300 54. PCTOTSDUTG, FI 33102

#### 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:

Northwast Registered Agant LLC

7901 4th St N STE 300

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

St. Petersburg Fl 33702

City 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 (REOUIRED)

(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 use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.

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.

ryped or primed 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)