

~~L21000~~ 338144

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(City/State/Zip/Phone #)

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W2 m9w37

JUL 26 2021

T. SCOTT



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TALLAHASSEE, FLORIDA

2021 JUL 23 PM 3:40



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2021

DARLENE GRANT  
745C HIGHPOINT BLVD N  
DELRAY BEACH, FL 33445

SUBJECT: CTFL, LLC  
Ref. Number: W21000090037

We have received your document for CTFL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L19000018979-CTFL, LLC,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 721A00013983

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: C+TFL 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.

Darlene Grant  
Name of Person

C+TFL LLC  
Firm/Company

7450 Highpoint Blvd N.  
Address

Delray Beach FL 33445  
City/State and Zip Code

C+TFL21@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darlene Grant at 631 827-6240  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|---|

✓ Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6227  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 210  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CUTFL, LLC *Cuts 21, LLC Cut 21, LLC*  
(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:

745C Highpoint Blvd N.  
Delray Beach FL  
33445

Mailing Address:

745C Highpoint Blvd N.  
Delray Beach FL  
33445

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:

Darlene Grant  
Name

745C Highpoint Blvd N.  
Florida street address (P.O. Box ~~NOT~~ acceptable)

Delray Beach FL 33445  
City State Zip

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.

*[Signature]*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
PUBLIC ADDRESS - FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Darlene Grant  
7454 Highland Blvd N.  
Delray Beach FL 33445

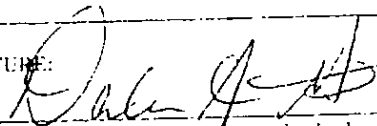
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 8, 2021 (OPTIONAL) July 23, 2021  
(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.

Darlene Grant

Typed or printed name of signer

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)