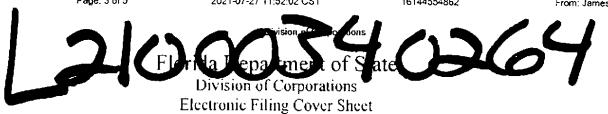
7/20/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000276748 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338

Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |  |
|-------|----------|--|--|--|
|       |          |  |  |  |

## FLORIDA LIMITED LIABILITY CO. The Clothes Bin with MS Lilly, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

Please keep file date 7/20/2021

Electronic Filing Menu

Corporate Filing Menu

Help

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1/1

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

The Clothes Bin with MS Lilly, 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:

Mailing Address:

3110 E Cervantes St Ste A Pensacola, FL 32503

3110 E Cervantes St Ste A Pensacola, FL 32503

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:

NRAI Services, Inc.

Name

1200 South Pine Island Road

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

Plantation

Florida

33324

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.

(CUNTINUED)

| "MGR" = Manager  MGR  Lillic White  3110 E Cervantes St Ste A  Pensicola. FL 32503  (Use attachment if necessary).  FICLE V: Effective date, if other than the date of filing:                              |               | Title: "AMBR" ≠ Author  | rized Member      |                 | Name and Addr       | ess:              |                    |               |   |
|---|---------------|---|-------------------|-----------------|---------------------|-------------------|--------------------|---------------|---|
| (Use attachment if necessary).  [ICLE V: Effective date, if other than the date of filing:  | •             | . –   | T                 |                 | •                   |                   |                    | •             | • |
| (Use attachment if necessary).  [ICLE V: Effective date, if other than the date of filing:  |               | WGK   | <del></del>       |                 |                     | r A               |                    | <del></del>   |   |
| (Use attachment if necessary).  ICLE V: Effective date, if other than the date of filing  |               |   |                   | Pen             | sacola, FL 32503    | <u> </u>          |                    | <del></del> - |   |
| (Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  |               |   |                   |                 |                     |                   |                    |               |   |
| (Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  |               | <del></del>   | <del></del>       | <del></del>     |                     | <del> </del>      |                    |               |   |
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| (Use attachment if necessary).  ICLE V: Effective date, if other than the date of filing:   | • •           |   |                   | •               |                     |                   |                    |               |   |
| (Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  | ٠.            | ·   |                   |                 |                     |                   |                    |               |   |
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| ICLE V: Effective date, if other than the date of filing  | (             | Use attachment if r   | neressarv)        |                 |                     |                   |                    |               |   |
| ate of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records. |               |   | ,                 |                 |                     |                   |                    |               |   |
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| or state of the Department of State's records.  |               |   |                   |                 |                     |                   |                    |               |   |
|   | <u>:</u> If t | the date inserted in  | this block does r | not meet the a  | pplicable statutory | filing requiremen | ts, this date will | l not be list | d |
|   | ocum          |   |                   |                 |                     |                   |                    |               |   |

constitutes a third degree felony as provided for in s.817.155, F.S. Brent Buscav - VP, Laughlin Associates, Inc. - Organizer
Typed or printed name of signee

### Filing Fees:

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)