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2021 UCT -7 PM 12: 48

# COVER LETTER

Division of Corporations
SUBJECT: Darreesy's Clothing L. C. 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:
Donnella Bush Name of Person
Darreesy's Clothing L. L. C.
835 South Fistle Blud
Rockledge, Fl 32955 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danella Buth at (321) 427-2393  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □S130.00 Filing Fee & Certified Copy (additional copy is enclosed)  □S155.00 Filing Fee & Certified Copy (additional copy is enclosed)

TO:

**New Filing Section** 

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

	TICLE I - Name:
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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:	<u>Mailing Address</u> :
835 South Fishe Blud BOCKTERGE FT	835 South Fishe Blvd Rockledge, FL 32955

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:

Donella Push
Name

835 South Fishe BlVd

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

Tockledge F1 32955

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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	Donnella Push 133 South Fishe BIVa 130 CKIROSE FI. 32955
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	the of filing: Oct 15-30al. (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as int of State's records.
ARTICLE VI: Other provisions, if any.	ne
This document is exe I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Don	Ala Pouch Typed or printed name of signee  Filing Fees:
\$125.00 Filing Fee for Articles of C \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Opti	Organization and Designation of Registered Agent (S)