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Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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

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To:  
 Division of Corporations  
 Fax Number : (850) 617-6381

From:  
 Account Name : AGENTS AND CORPORATIONS, INC  
 Account Number : I20010009112  
 Phone : (302) 575-0875  
 Fax Number : (302) 575-1642

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

Email Address: \_\_\_\_\_

RECEIVED

2021 OCT 27 AM 11:50

**FLORIDA LIMITED LIABILITY CO.  
 CAN'T HIDE PRETTY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2021 OCT 27 PM 3:00

FILED

H21003994/53

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**CAN'T HIDE PRETTY LLC**

(Must end with 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:

5 Miracle Strip Loop, STE 15, Panama City Beach FL 32407

Mailing Address:

5 Miracle Strip Loop  
STE 15  
Panama City Beach, FL 32407

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:

**AGENTS AND CORPORATIONS, INC.**  
Name

**539 FIFTH AVENUE SOUTH SUITE 330**  
Florida street address (P.O. Box NOT acceptable)

**NAPLES**                      **FL**                      **34102**  
City    Zip

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*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.*

Agents and Corporations, Inc.

By: John L. Williams  
Registered Agent's Signature (Required)  
John L. Williams, President

(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	
MGR	MADALYN JONES 5 Miracle Strip Loop, Ste 15, Panama City Beach FL 32407
AMBR	MADALYN JONES 5 Miracle Strip Loop, Ste 15, Panama City Beach FL 32407
AMBR	VIVIAN GIBSON 5 Miracle Strip Loop, Ste 15, Panama City Beach FL 32407

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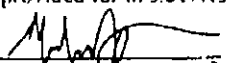
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL)  
(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

 MADALYN JONES  
\_\_\_\_\_  
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)