

Division of Corporations

L22000020960
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 fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000025300 3)))



H220000253003ABCO

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 : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: SAWTYRE@GMAIL.COM

**FLORIDA LIMITED LIABILITY CO.
IT'S ABOUT SAVY LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
2022 JAN 19 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN 19 PM 5:02

Electronic Filing Menu

Corporate Filing Menu

Help

D. O'KEEFE

JAN 20 2022

H22000025300

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IT'S ABOUT SAVY 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:Mailing Address:4 JOSIE LN
ASHEVILLE, NC 288044 JOSIE LN
ASHEVILLE, NC 28804

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:

NANCY LADD

Name

21 RIVERSIDE DRFlorida street address (P.O. Box **NOT** acceptable)COCOAFL 32922

City

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..

Nancy Ladd

Registered Agent's Signature (REQUIRED)

NANCY LADD

(CONTINUED)

Page 1 of 2

FILED
2022 JAN 19 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H22000025300

H22000025300

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

SHARON TYRE

4 JOSIE LN

ASHEVILLE, NC 28804

(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:

Sharon Tyre

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.)

SHARON TYRE

Typed or printed name of signee

FILED
2022 JAN 19 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H22000025300