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(1	Requestor's Name)	
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(1	City/State/Zip/Phone #)	
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	Business Entity Name)	
(Document Number)	
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Special Instructions	to Filing Officer:	

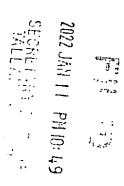
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COVER LETTER

	New Filing Section Division of Corporations	
	Chie' Stylz Studio L CC	
SUBJEC	T:Name of Limited Liability Company	
The enclo	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this matter to the following:	
	Lakesha Pinder	
	Name of Person	
	Chic' Stylz Studio	
	Firm/Company	
	6014 n 40 th st ste. E	·
	Address	
	Tampa Florida 33610	
	City/State and Zip Code	
	Chicstylzstudio@gmail.com	
	E-mail address: (to be used for future annual report notificati	on)
For further	information concerning this matter, please call:	
	Lakesha Pinder 813531-4710	·
	Name of Person Area Code Daytime Telephone	e Number
Enclosed	is a check for the following amount:	
	00 Filing Fee & Status Status Status Status Status Certificate of Status Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2022 JAN 11 FH 10: 1,9

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member		
"MGR" = Manager		
mar	CEO Lakesha Pinder 5203 s 80th st . Tampa Florida 33619	
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(Use attachment if necessary)		
CLE V: Effective date, if other than the defective date is listed, the date must be te of filing.) If the date inserted in this block does no	specific and cannot be more than five business days prior to or or meet the applicable statutory filing requirements, this date will ent of State's records.	
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