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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only

T. SCOTT

APR - 4 2022



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03/15/22--01015--021 **125.00



COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: ARTISAN TIME & STONE SPECIALISTS. LLC. 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: |
| Lynne Alexander Name of Person |
| ARTISAN TIME ASTONE SPECIALISTS Firm/Company |
| 3135 39 AVE N. STE.5 |
| STREESBURG FL 33714 City/State and Zip Code Artisan TSS LLC & Smail. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| 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) S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

Mailing Address

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ARTISAN TIME 4 STOVE SPECIALISTS 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: |
|--------------------------------|--|
| ARTISA) THE + STONE STECIALIST | SUC ACTISANTINE & STONE SPECIALISTS, LIC |
| THE TOPE STELLED | TOTAL TOTAL SECTIONS |
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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:

Name

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

VETERODING 11

ity State

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..

(CONTINUED)

ARTICLE IV-

·* : : :

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

| <u>Title:</u> | Name and Address: |
|---------------------------------------|--|
| "AMBR" = Authorize | ed Member |
| "MGR" = Manager | \sim \wedge \wedge |
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| (Use attachment if ne | cessary) |
| (Ose anacimient it no | · · · |
| ARTICLE V: Effective date, i | f other than the date of filing: 3/18/2022 (OPTIONAL) |
| | he date must be specific and cannot be more than five business days prior to or 90 days after |
| he date of filing.) | |
| | is block does not meet the applicable statutory filing requirements, this date will not be listed as |
| | on the Department of State's records. |
| | |
| ARTICLE VI: Other provision | s, if any. |
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| DECLUBED CLCN | |
| <u>REQUIRED</u> SIGNA | TURE: |
| | Turne (May less des) |
| | Signature of a member or an authorized representative of a member. |
| Thie | document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. |
| | aware that any false information submitted in a document to the Department of State |
| const | itutes a third degree felony as provided for in s.817.155, F.S. |
| | -/ |
| | Typed or printed name of signee |
| | / Typed or printed name of signee |
| | |

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)