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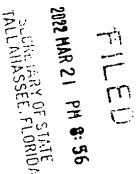
(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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HV

### COVER LETTER

TO: New Filing Sec Division of Co				
SUBJECT:	Fullness Ma	affer LLC.		
Name of Limited Liability Company				
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please return all correspondent	ondence concerning this ma	tter to the following:		
	Jatzel Ran	nos-Halavé_		
<del> </del>		Name of Person		
	Fullness	Hatter LLC.		
<del></del>		Firm/Company		
1721	Mahaffey (	ircle		
	/	Address		
<u> </u>	land, FL.	33811		
	Ci	ity/State and Zip Code		
	Famos vatzel	ity/State and Zip Code <u>and it. Com</u> for future annual report notificati	(m)	
			On	
	ncerning this matter, please			
Vilhalk	Pamos Halave	8/3 541-099	4	
Nam	ne of Person At	rea Code Daytime Telephon	e Number	
Enclosed is a check for t	he following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ng Address Tling Section	Street Address New Filing Section Di	ivision	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager M6R (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_ (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

**REOUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Vatzel Rames Halave'
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)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Fullness Hatter LLC.	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	

## the maring address and street address of the princi

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1721 Mahaffey Circle Lakeland, FL 33811	1721 Mahaffey Circle Lakeland, FL   33811

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:

| Value Ramos Malave | Part Ramos Malave | Part Ramos Malave | Part Ramos Manage | Part Ramos Ramos Malave | Part Ramos Ra

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..

Mater Karko Halauí
Registered Agent's Signature (REQUIRED)

(CONTINUED)