

272 000236444

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.

((H22000192051 3)))



H220001920513ABCW

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 : LYONS & LYONS, P.A.  
Account Number : I20030000061  
Phone : (239)948-1823  
Fax Number : (239)948-1826

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

Email Address: richard.lyons@lyons-law.com

RECEIVED

2022 JUN - 1 PH 3:47

CORPORATIONS  
COMMERCIAL  
SERVICES

FLORIDA LIMITED LIABILITY CO.  
JULIE & DAKOTA LLC™, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

STATE TREASURY OF FLORIDA  
AT LAHASSEE, FLORIDA

2022 JUN - 1 AM 9:19

FILED

(((H22000192051 3)))

ARTICLES OF ORGANIZATION  
OF  
JULIE & DAKOTA'S, LLC

ARTICLE I - NAME

The name of the limited liability company is JULIE & DAKOTA'S, LLC. (the "Company").

ARTICLE II - ADDRESS

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

Principal Office Address:  
9167 Spanish Moss Way  
Bonita Springs, Florida 34135

Mailing Address:  
9167 Spanish Moss Way  
Bonita Springs, Florida 34135

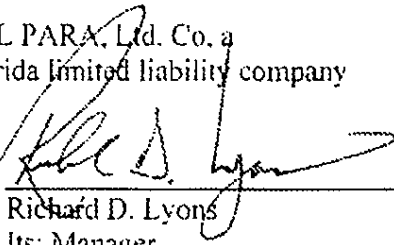
ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

L&L PARA, Ltd. Co.  
27911 Crown Lake Boulevard, Suite 209  
Bonita Springs, Florida 34135

*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.*

L&L PARA, Ltd. Co. a  
Florida limited liability company

By:   
Richard D. Lyons  
Its: Manager

FILED  
JUN - 1 AM 9:19  
CLERK OF STATE  
TAMPA, FLORIDA

(((H22000192051 3)))

ARTICLE IV - MANAGERS OR MEMBERS

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

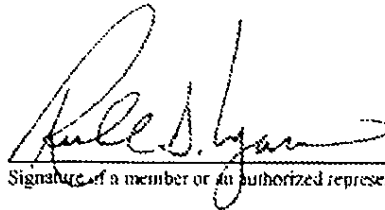
Title:  
"MGR" = Manager  
"AMBR" = Authorized Member

Name and Address:

MGR

Julie A. Craig  
9167 Spanish Moss Way  
Bonita Springs, Florida 34135

REQUIRED 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.

Richard D. Lyons

Typed or printed name of signer

2022 JUN - 1 AM 9:19  
CLERK OF STATE  
ALLAHASSEL, FLORIDA

FILED