

L22000350303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

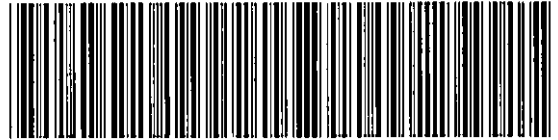
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900391747859

S. CHATHAM  
AUG 11 2022

22 AUG - 5 PM 12:57

RECEIVED

2022 AUG 5 PM 12:57

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 8/5/2022

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1060371

**ORDER ENTITY**  
TRADECRAFT ORIGIN, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
**TRADECRAFT ORIGIN, LLC (FL)**

New LLC filing

**NOTES:**

\$125.00 Authorized  
Email address for annual report reminders: Donovan@recordsearch.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2022

INCSERV

SUBJECT: TRADECRAFT ORIGIN, LLC  
Ref. Number: W22000102315

*Please honor the  
original submission date  
as the file date. Thanks! :)*

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 822A00017641

*Please honor the  
original submission date  
as the file date. Thanks! :)*

22 AUG - 7 PM 1:57  
2022 AUG 10 PM 2:59  
RECEIVED

August 9, 2022

Florida Department of State  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite  
Tallahassee, FL 32303

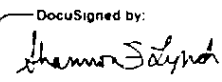
Re: TradeCraft Origin, LLC (EIN: 84-4645931)

Dear Sir or Madam:

We filed the voluntary dissolution of TradeCraft Origin, LLC on August 4, 2022, which became effective immediately.

We are writing to confirm that we have no intention to revoke the dissolution of the said entity, and the name of the said entity can be released and become available for use by others.

Very truly yours,

By:   
DocuSigned by:  
Shannon Fawn Lynch  
E9CEFD801755473

Shannon Fawn Lynch

Manager of TradeCraft Origin, LLC

22 AUG -5 11:12:57

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TradeCraft Origin, 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:**

c/o Embare Collective

802 E Whiting St

Tampa, FL 33602

**Mailing Address:**

c/o Embare Collective

802 E Whiting St

Tampa, FL 33602

**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:

John Lynch

Name

c/o Embare Collective, 802 E Whiting St

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

Tampa

FL

33602

City

State

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.,*

DocuSigned by:

John Lynch

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 AUG - 5 44:12:57

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Guide Resource Services, Inc.  
802 E Whiting Street, #T102  
Tampa, Florida 33602

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

DocuSigned by:

*John Lynch*

0A44E0A5709F410

**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.

John Lynch

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)

22 AUG -5 11:12:57

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY:  
TRADECRAFT ORIGIN, LLC

ARTICLE IV:

The Limited Liability Company is to be a manager-managed company.

No member, manager, officer, agent or employee of the company shall be personally liable for the debts, obligations or liabilities of the company, whether arising in contract, tort or otherwise or for the acts or omissions of any other member, manager, officer, agent or employee of the company.

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