

123000655395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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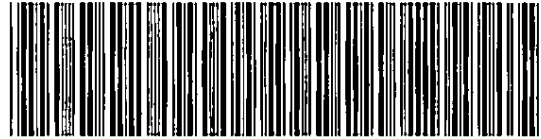
(Business Entity Name)

(Document Number)

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

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*Handwritten signature and date 9/6/23*

10/18/22--01008--024 \*\*185.00

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2022 DEC -2 AM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

W22-134416



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 DEC -2 AM 9:16

October 24, 2022

NICOLE HERNANDEZ  
52 MALAUKA CIRCLE  
OCKLAWAHA, FL 32179

SUBJECT: UNTIL GRACE APPAREL, LLC.  
Ref. Number: W22000134416

We have received your document for UNTIL GRACE APPAREL, LLC. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A sole proprietorship cannot convert into a Limited Liability Company. However, please contact me if you wish to file a brand new Florida LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 122A00023820

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SECRETARY OF STATE  
TALLAHASSEE, FL

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Until Grace Apparel, 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:

52 Malauka Circle  
Ocklawaha, FL 32179

### Mailing Address:

52 Malauka Circle  
Ocklawaha, FL 32179

## 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:

Nicole Hernandez

Name

52 Malauka Circle

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

Ocklawaha

City

FL

32179

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..*

Nicole Hernandez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Nicole Hernandez  
52 Malanka Circle  
Ocklawaha, FL 32179

William Hernandez Jr.  
52 Malanka Circle  
Ocklawaha, FL 32179

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

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

**REQUIRED SIGNATURE:**

Nicole Hernandez

**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.

Nicole Hernandez

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)**

**FILED**  
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