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Division of Corporations

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(((H23000070564 3)))



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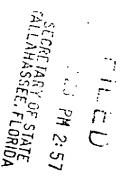
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FLORIDA LIMITED LIABILITY CO.

Handmade x Essentials LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Handmade x E	ssentials LLC
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre The mailing address an		pal office of the Limited Liability Company is:
Principal Office Add	ress: <u>N</u>	Iailing Address:
5226 Queen Stre		5226 Queen Street N
Saint Petersburg	, FL 33714	Saint Petersburg, FL 33714
	Xion Wood	ame
	5226 Queen Street N	
	Florida street address (P.O.	Box NOT acceptable)
	.	
	Saint Petersburg	_{EL_} 33714
	Saint Petersburg City	EL 33714 Zip
the place designate capacity. I further as	City s registered agent and to accep d in this certificate. I hereby ac gree to comply with the provision in familiar with and accept the	· · · · · · · · · · · · · · · · · · ·
the place designate capacity. I further as	City s registered agent and to accep d in this certificate. I hereby ac gree to comply with the provisio am familiar with and accept the City No. No.	Zip It service of process for the above stated limited liability company cept the appointment as registered agent and agree to act in this ons of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in hapter 605, F.S

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Xion Wood (CONTINUED)

1

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Xion Wood
	5226 Queen Street N
	Saint Petersburg, FL 33714
AMBR	Xaria Wood
	11150 4th Street N, Apt 3104
	Saint Petersburg, FL 33716
	
	- A total de total - A tot
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the effective date is listed, the date must ite of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)	be specific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) CLE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days Occusioned by: Xion Wood
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	De specific and cannot be more than five business days prior to or 90 da Occusioned by: Xion Wood 35:525655FEE4E9
CLE V: Effective date, if other than the effective date is listed, the date must lite of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sec constitutes an affirmat I am aware that any fa	be specific and cannot be more than five business days prior to or 90 days Occusioned by: Xion Wood
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmat I am aware that any fa	a member or an authorized representative of a member. ation 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lise information submitted in a document to the Department of State

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