L23000428835

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Certified Copies	_ Octanicates	or otetus
Special Instructions to	Filing Officer.	

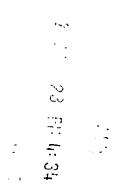
Office Use Only



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S. CHATHANI SEP 14 2023



COVER LETTER

	New Filing Se- Division of Co					
SUBJEC*	Colorantí T•				•	
COMPLE	''	Na	me of Lim	iited Liabil	ity Company	
The enclo	sed Articles of	i Organization and	fee(s) are	submitted	for filing.	
Please reti	urn all corresp	ondence concernir	ng this ma	tter to the I	ollowing:	
	Gabrielle Bi	own				
				Name of	Person	
	Colorantí					
				Firm/Co	mpany	_
	15210 Amb	erly Dr Apt 1915				
			-	Addr	ess	
	Tampa.FL 3	3647				
	colorantiteam	ı@gmail.com	Ci	ity/State an	d Zip Code	
		E-mail address: (to	be used	for future a	nnual report notificati	ion)
For further	information co	oncerning this matt	er, please	call:		
	Gabrielle Bro	own	97: at (s	606-1088	
	Nan	ne of Person		ea Code	Daytime Telephon	
Enclosed i	is a check for t	he following amou	unt:			
) Filing Fee	□\$130.00 Filin Certificate of S	ng Fee &	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. F	ng Address Filing Section on of Corporations Box 6327 assee, FL 32314	5		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	issee et. Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Colorantí LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "L.L.C.,")
ICLE II - Address:	
nailing address and street address of the principal office of t	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
15210 Amberly Dr Apt 1915 Tampa FL, 33647	15210 Amberly Dr Apt 1915 Tampa FL
	33647
CLE III - Registered Agent, Registered Office, & Regis	and Annie Ciantina
Limited Liability Company cannot serve as its own Register er business entity with an active Florida registration.)	£
ame and the Florida street address of the registered agent ar	e:
name and the Florida street address of the registered agent at Gabrielle Brown Gabrielle Brown	e:

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

State

15210 Amberly Dr Apt 1915

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Tampa

City 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

Registered Agent's Signature (REQUIRE)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		23
"MGR" = Manager	Λ.	;~;
AMBR	Halvilla - Chance	·
	_FL_33647	
		0
AMBR	Jessica Wachsmith	<u> </u>
	62 Hemlock Dr Wolfeboro NH, 03894	
		<u> </u>
		 -
AMBR	Macie Sisson	
	4800 S Westshore Apt 420 Tampa FL, 33611	
		
AMBR	Brian Bassler	
	1350 102nd Ave. N. Apt #14-204 St. Petersburg FL.	33716
(Use attachment if necessary)		
(One diddenners is necessary)		
RTICLE V: Effective date, if other than t	he date of filing: (OPTIONA	L)
an effective date is listed, the date mus	t be specific and cannot be more than five business days prior	to or 90 days afte
date of filing.)	•	•
ote: If the date inserted in this block doc	es not meet the applicable statutory filing requirements, this date	will not be listed
document's effective date on the Depa	rtment of State's records.	
TICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
MEN CHIEF CONTACTORS.	Brian J Bassler	
	Virian I Viassler	

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.

Brian J. Bassier

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)