# L23000429528

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
_	
PICK-UP WAIT MAIL	
(During Fath, Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	
	İ
	İ
<u></u>	

Office Use Only



400414200804

08/21/23--01040--005 \*\*130.00

2023 AUG 21 AMII: 41
SEORETARY OF STATE
TALL AHASSEF EL

## **COVER LETTER**

	ew Filing Secti ivision of Corp					
aven er ca		s Collectables, LLC				
SUBJECT:Name of Limited Liability Company						
The enclos	sed Articles of C	Organization and fee(s) are	submitted	for filing.		
Please retu	шт all correspor	ndence concerning this mat	ter to the fo	ollowing:		
	Cynthia Lee I	Martin				
	<u> </u>		Name of	Person		
	Citrus Sisters	Collectables, LLC				
			Firm/Co	mpany		
	4465 W. Hor	seshoe Drive				
	<del></del> -		Addr	ess		
	Beverly Hills	Florida 34465				
			ity/State an	d Zip Code		
	clmartin7989(	@gmail.com E-mail address: (to be used	for future :	annual report notification	on)	
				•	·	
For further	information co	ncerning this matter, pleas	e can:			
	Cynthia Lee	Martin 9: at (	54	579-6450		
	Nam		rea Code	Daytime Telephon	e Number	
Enclosed	is a check for t	he following amount:				
□\$125.0	00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certificate of Status & Certified Copyring (additional copyring (additional copyring)	
	<u>Maili</u>	ng Address		Street Address	HAS	

New Filing Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

New Filing Section Division

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	ity Company is:				
Citrus Sisters Collec	ctables, LLC				
(Must con	tain the words "Limited I	Liability Company	, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal o	ffice of the Limited	d Liability Company is:		
Princi	pal Office Address:		Mailing Address:		
	4465 W Horseshoe Drive		Same as principal address		
Beverly Hills, Fl 34	465				
ARTICLE III - Registered Ag					
(The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registratio	Registered Agent. on.)	ent's Signature: You must designate an individual or		
(The Limited Liability Compan	y cannot serve as its own active Florida registration taddress of the registered	Registered Agent. on.)			
(The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registratio	Registered Agent. on.)			
(The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registration taddress of the registered	Registered Agent. on.) i agent are: Name			
(The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registration address of the registered Cynthia Lee Martin	Registered Agent. n.) i agent are:  Name	You must designate an individual or		
(The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registration address of the registered Cynthia Lee Martin  4465 W. Horshoe Dr	Registered Agent. n.) i agent are:  Name	You must designate an individual or		

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2023 AUG 21 AMII: 4 SECRETARY OF STAT

		IV.

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

Title: "AMBR" = Authori	Name and Address: zed Member	
"MGR" = Manager <u>MGR</u>	Cynthia Lee Martin 4465 W. Horseshoe Drive	
MGR	Miriam Annette Ridel	
MOK	3164 North Sandpiper Dunes Point Lecanto. Fl 34461	
<del></del>		
(Use attachment if n	ecessary)	
the date of filing.) Note: If the date inserted in	the date must be specific and cannot be more than five business days prior to or 90 days a this block does not meet the applicable statutory filing requirements, this date will not be listed on the Department of State's records.	
ARTICLE VI: Other provisio	ns, if any.	
<u>required</u> sign	ATURE:	
I an	Signature of a member or an authorized representative of a member.  s document is executed in accordance with section 605.0203 (1) (b), Florida Stibiles.  a aware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s.817.155, F.S.	-
	Cynthia Lee Martin Typed or printed name of signee	-
	Filing Fees:	りて
\$125.00 Filing Fe \$ 30.00 Certified	e for Articles of Organization and Designation of Registered Agent 👚 🚟 📑	•
	te of Status (Optional)	

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)