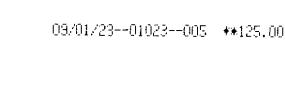
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2023 SEP - 1 AM II: 45 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

| | New Filing Secti Division of Corp | | | | |
|------------------|--------------------------------------|---|--|---|-------------|
| SUBJEC | т:The | Tea fairy Name of Lir | nited Liability Company | | |
| The enclo | sed Articles of C | Organization and fee(s) ar | e submitted for filing. | | |
| Please ret | urn all correspon | ndence concerning this ma | atter to the following: | | |
| | | Lauren | Name of Person | | |
| | | | Name of Person | · | |
| | | The T | Firm/Company | | |
| | | | Firm/Company | | |
| | 10825 | i Wheaton | Ct. | | |
| | | | Address | | |
| | Orlan | rdo FL 3: | 989l | | |
| | laurent | ndo, FL 3: bertini@mi | City/State and Zip Code | | |
| | | | for future annual report notificat | ion) | |
| For further | information cond | cerning this matter, please | e call: | | |
| | Lauren | Bertini al (| 107 , 761-088 | <i>SO</i> | |
| | | of Person A | rea Code Daytime Telephon | ne Number | |
| Enclosed | is a check for the | e fôllowing amount: | | 2023 S SECH TAL | |
| ⊠\$ 125.0 | 0 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | ☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$160.00 Eiling Fee Certificate of \$tatus & Certified Capy ← (additional copy Fenciosed) | |
| | New Fil | Address ing Section n of Corporations x 6327 | Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre | ivision assee | |

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | |
|--|---------------------------|
| The Tea Fairy LLC | |
| (Must contain the words "Limited Liability Compai | ny, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limi | ted Liability Company is: |
| Principal Office Address: | Mailing Address: |

10825 Wheaton Ct.

Orizado, Fl 32821

Orizado, Fl 32821

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:

Name

10825 Wheaton Ct.

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

Orlando FL 32821

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 SEP - 1 AM 11:44

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager | Lauren Bertini 10825 Wheston Ct. Crisnalo, FL 3282 |
| | |
| | |
| | |
| If an effective date is listed, the date must be space that the date of filing.) | e of filing: |
| ARTICLE VI: Other provisions, if any. | |
| REQUIRED SIGNATURE: | Lawren Bertin |
| This document is exect I am aware that any fals constitutes a third degree | nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S. Typed or printed name of signee |
| | Typed or printed name of signee SSC Filing Fees: |

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)