## L14000029080

(Requestor's Name)		
(Address)		
(Address)		
(* 124)	,	
(0)	O	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
•	,	,
(1000)	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER		J	
TO: Registration Section Division of Corporations			
SUBJECT: The Style	. Closet	Boutique	<b></b>
Name of Limited Liability Company			
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.	" Bations of	n NeN
Please return all correspondence concerning this ma	atter to the following:	" Bodique" of	ita un u
Kim C	288	exactly th	
Name of Person			
The Style	Closet	Bostique	
474 K	elly Green	LSt. Y	
	Address		
raine 1	darbor -	F1. 34108:	3
Stylecloset boutique quail. com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, plea	se call:	,	
Kim Cass at	727, 237-	-8714	
Name of Person	Area Code Daytime Te	elephone Number	
Exclosed is a check for the following amount:			
\$125.00 Filing Fee & Cortificate of Status	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,	
oaid Continuate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclose	ed)
37.71	<u> </u>	<b>2</b> 0:	14
Malling Address Registration Section	Street/Courier Add Registration Section	- 主治	RE
Division of Corporations P.O. Box 6327	Division of Corpora Clifton Building	tions	8 8 30:
Tallahassee, FL 32314	2661 Executive Central Tallahassee, FL 323		EBIB PH

thank you!

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
The Style Closet Boutique, 4C			
(Must end with the words "Limited Liability Company, "L.L.C.," or "ILC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address:	Malling Address:		
Jalu Roubon II	Same?		
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:			
474 Kelly Orien St.			
Name	House II		
Florida street address (P.O. Box I	NOT acceptable)		
	FL 34683		
City	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 Signatu	re (REQUIRED)		
(CONTINUE			
Page 1 of 2			
al into the	e Same		
already Par	d our name was added "Boutique" thank you!		
taken, so we	added "Boutique".		
	thank you		