

L15000098757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

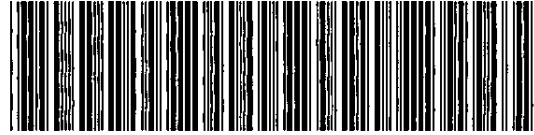
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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06/04/15--01012--014 **125.00

T. Burch JUN 9 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: La Fête Designs, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarita Sasson
Name of Person

La Fête Designs
Firm/Company

136 Golden Beach Drive
Address

Golden Beach / FL 33160
City/State and Zip Code

sarita@lafete designs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarita Sasson at (305) 877-7702
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

La Fête Designs, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

136 Golden Beach Drive
Golden Beach, FL 33160

Mailing Address:

136 Golden Beach Drive
Golden Beach, FL 33160

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:

Sarita Sasson

Name

136 Golden Beach Drive

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

Golden Beach FL 33160

City

State

Zip

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TALLAHASSEE, FLORIDA

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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..

Sarita Sasson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager <u>MGR</u>	<u>Sarita Sasson</u> <u>136 Golden Beach Drive</u> <u>Golden Beach, FL 33160</u>
<u>AMBR</u>	<u>Jacobo Sasson</u> <u>136 Golden Beach Drive</u> <u>Golden Beach, FL 33160</u>
<u>AMBR</u>	<u>Paullette Sasson</u> <u>136 Golden Beach Drive</u> <u>Golden Beach, FL 33160</u>
<u>AMBR</u>	<u>Ivette Harrouche</u> <u>136 Golden Beach Drive</u> <u>Golden Beach, FL 33160</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL) _____, 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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 TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Sarita Sasson

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Sarita Sasson

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)