

# U99000004135

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H99000016815 5)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUL -9 PM 1:18

**To:**

Division of Corporations  
Fax Number : (850) 922-4003

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
99 JUL -9 PM 12:36

## LIMITED LIABILITY COMPANY

nouvelle promotions, l.l.c.

|                   |     |
|-------------------|-----|
| Name              | MJH |
| Availability      |     |
| Document Examiner |     |
| Updater           |     |
| Updater Verifier  |     |
| Acknowledgement   |     |
| W. P. Verifier    |     |

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$337.50 |

4

499000016815

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUL - 9 PM 1:18

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Nouvelle Promotions, L.L.C.

**ARTICLE II - Address:**

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

3242 Mary Street, Suite 317  
Coconut Grove, FL 33133

**ARTICLE III - Duration:**

The period of duration of the Limited Liability Company shall be:

The duration of the Company shall be perpetual unless the Company dissolves in accordance with the provisions of the Company's Regulations or these Articles of Organization.

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is:

Cristina Cipolletti  
3242 Mary Street, Suite 317  
Coconut Grove, FL 33133

**ARTICLE V - Admission of Additional Members:**

No person may be admitted as an additional member unless a majority of members consent in writing to the issuance of additional units to a new or current member for fair consideration.

David M. Turner, CPA  
19 West Flagler Street, Suite 600  
Miami, FL 33130  
Tel: (305) 377-0707

499000016815

449000016815

#### ARTICLE VI - Members' Rights to Continue Business:

The Company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member's membership in the Company for any reason, unless the business of the Company is continued by the consent of all remaining members of the Company within 60 days after any of these events.

#### ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Nouvelle Promotions, L.L.C certifies:

- 1) The above named limited liability company has at least one member: \$ 10.00 ;
- 2) The total amount of cash contributed by the member(s) is \$ 0 ;
- 3) The agreed value of property other than cash contributed by member(s) is \$ 0 ;
- 4) The total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 10.00 .

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

David M. Turner

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

David M. Turner, CPA  
19 West Flagler Street, Suite 600  
Miami, FL 33130  
Tel: (305) 377-0707

449000016815

499000016815

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the limited liability company is: Nouvelle Promotions, L.L.C.

2. The name and the Florida street address of the registered agent are:

David M. Turner, CPA  
Name

19 West Flagler Street, Suite 600  
Florida street address (P.O. Box NOT acceptable)

Miami, FL 33130  
City, State and 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.*

  
Signature

**Filing Fee: \$35 for Designation of Registered Agent**

David M. Turner, CPA  
19 West Flagler Street, Suite 600  
Miami, FL 33130  
Tel: (305) 377-0707

499000016815