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SECRETARY, OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

Division of Cor	porations			
<sub>SUBJECT:</sub> Cuki G	Slamour LLC			
	Name of Limite	d Liability Con	ıpany	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for fil	ing.	
Please return all correspo	ondence concerning this matte	er to the followi	ng:	
•	•			
<u>Barbara D</u>	Devai DeRosa	Name of Person		
		value of reison		
		Firm/Company		
0505.01		company		
8505 Sha	dow Ct	Address		·
		Address		
Coral Sprin	gs, FL 33071			
	•	/State and Zip Co	ode	
cukiglamour	@gmail.com  E-mail address: (to be used for	or future annual r	eport notification)	
For further information of	oncerning this matter, please		.port	
roi iuitilei illoilliation ci	oncerning this matter, please	can.		
Barbara Devai De	Rosa	at ( 954	536-9045	
Name of	f Person	Area Co	ode & Daytime Tel	ephone Number
Enclosed is a check for	the following amount:			
_	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified C (additional c		\$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	Registi Divisio Cliftor 2661 E	Courier Address ration Section on of Corporation Building Executive Center assee, FL 32301	is

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

ARTICLE I - Name	A	RTI	CL	$\mathbf{E}$	I -	Na	m	e	:
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The name of the Limited Liability Company is:

Cuki	Glamour,	LL	C.
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(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:**

**Mailing Address:** 

8505 Shadow Ct

Coral Springs, FL 33071

8505 Shadow Ct

Coral Springs, FL 33071

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:

Barbara Devai DeRosa

Name

8505 Shadow Ct

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

Coral Springs

.. 33071

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Barbara Devai DeRosa	
	8505 Shadow Ct	
	Coral Springs, FL 33071	<u> </u>
MGR	Renata Coloma	
	8211 S.W. 8th Ct	
	North Lauderdale, FL 33068	
		<del></del>
		_
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		_
(Use attachment if necessary)		
ICLE V: Effective date, if other than	the date of filing: (OPT it be specific and cannot be more than five busine	'IONAL) ess days p
3,	granten -	
REQUIRED SIGNATURE:		111
_		HAY
		18
Simplement	mber or an authorized representative of a member.	
Signature of a mer	mber or an allinorized representative of a member.	呈

(In accordance with section 608.408(3), 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.)

#### Renata Coloma

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)