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2004 NOV 29 P 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

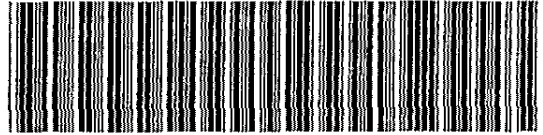
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| **Jeanette Mohammed**
| 9775 Doriath Circle
| **Orlando, Florida 32825**
| jipttrini@yahoo.com
Home: 407-658-2283
Cell: 321-945-1604

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Company House of Merchandise , LLC	

TOTAL NUMBER OF PAGES:___

1

COMMENTS:

Starting a Business as of 12/01/04

Thank you.

TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

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SUBJECT: HOUSE OF MERCHANDISE, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

JEANETTE MOHAMMED

(Name of Person)

(Firm/Company)

425 SOUTH CHICKASAW TRAIL #256

(Address)

ORLANDO, FLORIDA 32825

(City/State and Zip Code)

For further information concerning this matter, please call:

JEANETTE MOHAMMED

(Name of Person)

at (407)

658-2283

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HOUSE OF MERCHANDISE, LLC

ARTICLE II - Address:

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

Principal Office Address:

425 SOUTH CHICKASAW TRAIL #256
ORLANDO, FLORIDA 32825

Mailing Address:

425 SOUTH CHICKASAW TRAIL #256
ORLANDO, FLORIDA 32825

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JEANETTE MOHAMMED

Name

425 SOUTH CHICKASAW TRAIL #256

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

ORLANDO, FLORIDA 32825 FL

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

(CONTINUED)

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

JEANETTE MOHAMMED

425 SOUTH CHICKASAW TRAIL #256

ORLANDO, FLORIDA 32825

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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

(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.)

JEANETTE MOHAMMED

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)