054448

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(riu	(dic33)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
		_
		•
(Bu	siness Entity Nar	ne)
••		
(Do	cument Number)	
	• .	
Certified Copies	Certificates	s of Status
•	_	
Special Instructions to	Filing Officer:	i
,		

Office Use Only



700074815117

05/19/06--01017--019 **125.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HENRY'S BOUTIQUE, 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:	
ROSE T. CLARKE	
(Name of Person)	
HENRY'S BOUTIQUE	
(Firm/Company)	
11655 NW 7th AVE	,
(Address)	
MIAMI, FL 33168	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ROSE CLARKE at (305) 812	2-6083
	rtime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing AddressStreet/Courier ARegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 ExecutiveTallahassee, FLTallahassee, FL	cion porations Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N		
The name of the	Limited Liability	Company is:
HENRY'S BOL		
(Must end with the wor	rds "Limited Liability	Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - A	Address:	
The mailing addr	ess and street ad	ress of the principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
11655 NW 7th AV	Æ	37 NE 187th STREET
MIAMI, FL 33168		MIAMI, FL 33161
(The Limited Liability business entity with a	Company cannot serv in active Florida regist	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are:
	ROSE T. CL	ARKE
		Name
	37 NE 187t	STREET
	j	orida street address (P.O. Box NOT acceptable)
	MIAMI	_{FL} 33161
		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 OG HAY 19 AM G. E.

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" = Mana _! "MGRM" = Mai		
MGR	ROSE T. CLARKE 37 NE 187th STREET MIAMI, FL 33161	
(Use attachment	if necessary)	
	date, if other than the date of filing:sted, the date must be specific and cannot be more than frate of filing.)	
<u>REQUIRED</u> SI	GNATURE:	
	Lose J-Clarke Signature of a member or an authorized representative of a mem	nber.
	(In accordance with section 608.408(3), Florida Statutes, the execut of this document constitutes an affirmation under the penalties of pethat the facts stated herein are true.)	ion
	ROSE T. CLARKE	

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)

US HAY 19 AM 9: 57

SECRETARY OF STATE