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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Jenelle	e's Handbags, LL0		
	(Name of Limit	ted Liability Company)	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	condence concerning this mat	ter to the following:	
Jenelle Fe	errer		
		(Name of Person)	
Jenelle's l	Handbags, LLC		
		(Firm/Company)	
14341 Gle	encairn Road		
		(Address)	
Miami Lal	kes, Florida 33016		
	(Ci	ty/State and Zip Code)	
For further information	concerning this matter, pleas	e call:	
Jenelle Ferrer		at 786 390-152	1
	e of Person)	(Area Code & Daytime Tele	
Enclosed is a check for	or the following amount:		
	\$130.00 Filing Fee & Certificate of Status	S155.00 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/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle.
Answer (1) to the second			Path in a control of the control of

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	any is:	
Jenelle's Handbags, LLC		
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.	")
ARTICLE II - Address:		
The mailing address and street address o	f the principal office of the Limi	ted Liability Company is:
Dringing Office Address	Mailing Address:	
Principal Office Address:	Widning Addicess.	
14341 Glencairn Road	14341 Glencaim Road	
Miami Lakes, Florida 33016	Miami Lakes, Florida 33016	
The name and the Florida street address Jenelle Ferrer		
	Name	
14341 Glencair		
	treet address (P.O. Box NOT acceptab	ole)
Miami Lakes, F		
City	, State, and Zip	
Having been named as registered agent liability company at the place designo	ated in this certificate, I hereby ac	cept the appointment as
registered agent and agree to act in this statutes relating to the proper and com		
accept the obligations of my position		
		•
(1h		
Registered Agent	's Signature (REQUIRED)	- X

(CONTINUED)
Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager	1
"MGRM" = Managing Men	nber
MGR	Jenelle Ferrer
	14341 Glencaim Road
	Miami Lakes, Florida 33016
MGRM	Lucas Ferrer
	14341 Glencaim Road
	Miami Lakes, Florida 33016
(Use attachment if necessary	er than the date of filing: (OPTIONAL
CLE V: Effective date, if other	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days
CLE V: Effective date, if othe effective date is listed, the date	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days
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CLE V: Effective date, if other effective date is listed, the date of days after the date of filing REQUIRED SIGNATURI Signature of this document of this document of this document of the date of the	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days (.)
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing REQUIRED SIGNATURI Signature of this document of the date of t	er than the date of filing:
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CLE V: Effective date, if other effective date is listed, the date of days after the date of filing REQUIRED SIGNATURI (In accordance of this document of the date	te must be specific and cannot be more than five business days E: Ta member or an authorized representative of a member. The with section 608.408(3), Florida Statutes, the execution diment constitutes an affirmation under the penalties of perjury acts stated herein are true.) Ferrer Typed or printed name of signee
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing REQUIRED SIGNATURI (In accordance of this document of the date	te must be specific and cannot be more than five business days a member or an authorized representative of a member. The member of an authorized representative of a member. The with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury acts stated herein are true.) Ferrer Typed or printed name of signee

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)