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.. COVER LETTER

TO:	Registration Division of C		jes 11 maa	of the party
SUBJI	ест:	Paria's Brida (Name of Limit	Bartique :	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	
		Wells Do	(Name of Person)	
		Maria's Brid	al Boutique (Firm/Company)	······.
	300	A RIFLE RO	anse Rd. (Address)	
	Wo	hneta FC	33.580 ty/State and Zip Code)	
For fur	ther informatior	concerning this matter, pleas	e call:	
	Cie I	c of Person)	_ at (818_) <u>758_</u> (Area Code & Daytime Tele	phone Number)
Enclos	ed is a check f	or the following amount:		
⊿ \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Must end with the words "Limited Liability	ty Jonipany, "L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
300 A Rifle Ronge Rd Walnote FL 33880	sene
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
MACIA DOY/e	CAHASS
300 A RIFLE Florida street add	Page Rd ress (P.O. Box NOT acceptable) FL 33680 FL 33680
<u>uahneta</u> City, State, a	FL 33880 8

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MERM	Maria Doyle 300 A Rifle Roye Pd Wahnata, FC 33880
(Use attachment if necessary)	
CLE V: Effective date, if other the ffective date is listed, the date me days after the date of filing.)	an the date of filing: 07/24/08. (OPTIONAL nust be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
6	nember or an authorized representative of a member.

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)