

**LD8000100110**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

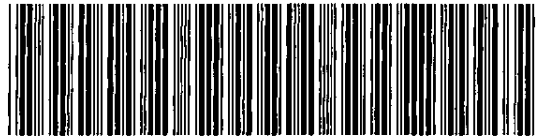
Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

OCT 24 2008

**EXAMINER**



**700137125377**

10/23/08--01013--016 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT 23 AM 11:24

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Talulah's Boutique, LLC

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

Please return all correspondence concerning this matter to the following:

Alison Leffew, Esq.  
80 Royal Palm Pointe Suite 202  
Vero Beach, FL 32960  
772-770-6110

For further information concerning this matter, please call: 772-770-4700

Enclosed is a check for the following amount: \$125.00 Filing Fee

**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 Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
OF  
Talulah's Boutique, LLC.**

**ARTICLE I - NAME**

The name of the limited liability company is Talulah's Boutique, LLC., ("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

6240 North A1A, Indian River Shores, Fl  
32963

Mailing Address:

6240 North A1A, Indian River Shores,  
32963

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Alison Leffew, Esq., 80 Royal Palm Pointe, #202, Vero Beach, FL 32960

*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..*

  
\_\_\_\_\_  
Alison Leffew

**ARTICLE IV - MANAGERS OR MANAGING MEMBERS**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 23 AM 11:24

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

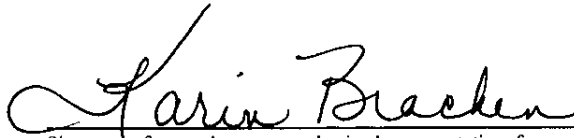
Karin Bracken, 1845 Tarpon Lane G-104, Vero Beach, FL 32960

MGMR

Maria Iara da Silva Chaves, Av. America, 97 –  
Jardim das Americas-Ponta Negra Manaus-AM  
Brasil 69037-030

#### ARTICLE V - OTHER MATTERS

#### REQUIRED SIGNATURE:

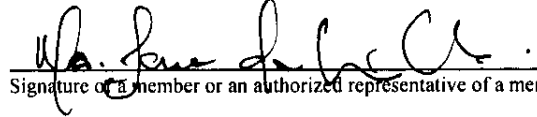


Signature of a member or an authorized representative of a member.

(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.)

Karin Bracken

Typed or printed name of signee



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.)

Maria Iara Da Silva Chaves

Typed or printed name of signee