109000009491

(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



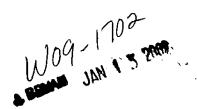
600139983926

Effective Date 0 | 25 | 09

01/12/09--01018--011 **160.00

SECRETARY OF STATE
STATE OF CORPORATIONS

09 JAN 28 PM 2: 43



J. BRYAN

JAN 2 9 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2009

PAULINE KANE LACE 6023 FLORIDA AVE NEW PORT RICHEY, FL 34653

SUBJECT: LACE LLC

Ref. Number: W0900001702

We have received your document for LACE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #743240, L.A.C.E., INC.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 109A00001217

Joey Bryan Regulatory Specialist II SECRETARY OF STATIONS IN SIGN OF CORPORATIONS IN 2: 43

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lace Lingerie LLC	Ç
	mited Liability Company) are submitted for filing. natter to the following:
	是 第
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Pauline Kane	1.5
	(Name of Person)
Lace Lingerie LLC	
	(Firm/Company)
6023 Florida Ave	
	(Address)
New Port Richey FL 34	1653
	City/State and Zip Code)
For further information concerning this matter, ple	ease call:
Pauline Kane	_{at (} 727) 534 6910
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee &	
Certificate of Status	Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Corporation	ns Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	99
The name of the Limited Liability Company	is:
Lace Lingerie LLC	is: iability Company, "L.L.C.," or "LLC.") e principal office of the Limited Liability Company is:
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC."
ARTICLE II - Address:	Es.
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6023 Florida Ave	6023 Florida Ave
New Port Richey ,FL	New Port Richey , FL
34653	34653
The name and the Florida street address of the Pauline Kane	
Na	me
6023 Florida Av	
	address (P.O. Box <u>NOT</u> acceptable)
New Port Richey	
City, Sta	te, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the properand complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all experformance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S
Registered Agent's Si	gnature (REQUIRED)

(CONTINUED)
Page 1 of 2

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" = Manager	Name and Address:	
"MGRM" = Managing Member		
MORIVI — Managing Member		
MGR	Pauline Kane	
	6023 Florida ave	· · · · · · · · · · · · · · · · · · ·
	New Port Richey, FL 34653	
MGRM	Amelia Gibson	
	16 Freshwater Dr	
	Palm Harbor, FL 34684	
		
(Use attachment if necessary)		
	4 10 5 10 0	
LE V: Effective date, if other than the	date of filing: 1/25/09	(OPTION
fective date is listed, the date must b	e specific and cannot be more that	n five business da
days after the date of filing.)	-	

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.)

Pauline Kane

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)