109000000194

	1 188118 1181
(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:	
L. SELLERS	
JUN _i - 1 2009	
FXAMINER	

Office Use Only

200156392202

05/29/09--01021--022 **160.00

SECRETARY OF STATE

COVER LETTER

TO:	Registration Division of C	Section Corporations				
SUBJI	€CT•	Amore	Brida	al Sev	rices LLC	•
56201		Name of Limi	ted Liab	ility Con	npany	
The en	closed Articles	of Organization and fee(s) are	submitt	ed for fil	ing.	
Please	return all corre	spondence concerning this mat	ter to th	e follow	ing:	
		Eliz		Wildn	nan	
			Name o	of Person		
		Amo	re Brid	lal Ser	vices	
			Firm/C	Company		
		5456 I	N. Uni	versity	Drive	
			Ad	dress		
		Lau	derhill	, FL 33	3351	
				nd Zip C		
		E-mail address: (to be used	for future	e annual r	eport notification	on)
For fur	ther information	n concerning this matter, pleas	e call:			
		oeth Wildman	_ at (954	_)	270-2606
	Nam	e of Person		Area Co	ode & Daytime	Telephone Number
Enclos	ed is a check	for the following amount:				
\$125 .	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	rtified (ling Fee & Copy opy 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		Registr Division Clifton 2661 E	Courier Addition Section on of Corporate Building executive Centus Sec., FL 3236	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Amore Bridal Sen (Must end with the words "Limited Liabilit	vices LLC.				
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
5456 N. University Drive Lauderhill, FL 33351	5456 N. University Drive Lauderhill, FL 33351				
ARTICLE III - Registered Agent, Registered of The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered address of the registered address.	red Agent. You must designate an individual or another				
Anthony D	-				
Name					
800 Coral Rid	ge Drive # /0/				
Florida street address (P.O. F					
Coral Springs FL 33071	FL				
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete perf	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S				
(CONTINU	O9 MAY 29 / ALLAHASSEE ED)				

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:

		Name and Address:
"MGR" = Man		
"MGRM" = M	anaging Member	
MGR		Elizabeth Wildman
		8905 Ramblewood Drive
		Coral Springs, FL 33071
MGRM		Rosemarie Wildman
		8905 Ramblewood Drive
		Coral Speings, FI 33071
MGRM		Anthony Wildman
·		8905 Ramblewood Drive
		Coral Springs, FL 33071
(Use attachmer	nt if necessary)	
	e date, if other than the	date of filing: June 1, 2009 (OPTION specific and cannot be more than five business dates
LE V: Effectiv	e date, if other than the disted, the date must be date of filing.)	date of filing: June 1, 2009 (OPTION specific and cannot be more than five business dates
LE V: Effectiv fective date is l days after the	te date, if other than the disted, the date must be date of filing.)	
LE V: Effectiv fective date is l days after the	e date, if other than the disted, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sect	e specific and cannot be more than five business day or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury
LE V: Effectiv fective date is l days after the	re date, if other than the disted, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sect of this document constitutation that the facts stated here	e specific and cannot be more than five business day or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury
LE V: Effectiv fective date is l days after the	se date, if other than the disted, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sect of this document constitutat the facts stated here	e specific and cannot be more than five business days or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury pin are true.)

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)