

L10000054412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

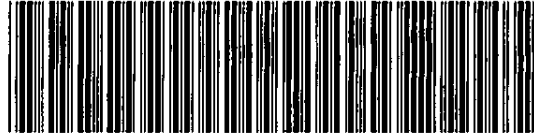
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400181027294

05/19/10--01018--023 **125.00

Effective Date

05/17/10

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 19 AM 11:00

T. HAMPTON
MAY 20 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sweet Designs by Liselotte
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Liselotte Gonzalez
Name of Person

6630 SW 57th Ave Apt B219
Firm/Company
Address

miami, FL 33143
City/State and Zip Code

Lgonzalez33634@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liselotte Gonzalez at (786) 374-7880
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 ☐ \$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 Circle
Tallahassee, FL 32301

Effective Date 05/17/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sweet Designs By Liselotte, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

6630 SW 57th Ave
APT B219
miami FL 33143

Mailing Address:

6630 SW 57th Ave
APT B219
miami, FL 33143

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Liselotte Gonzalez
Name

6630 SW 57th Ave B-219
Florida street address (P.O. Box NOT acceptable)

miami, FL 33143
City, State, and Zip

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.

Liselotte Gonzalez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 19 AM 11:00

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Liselotte Gonzalez
6630 SW 57th Ave
Apt B219
miami, FL 33143

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5-17-2010 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Liselotte Gonzalez
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.)

Liselotte Gonzalez
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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 19 AM 11:00