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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status _____

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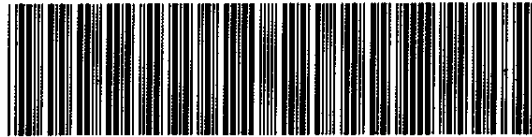
W1-254810

A. LUNT

JUN - 8 2010

EXAMINER

Office Use Only



400181030574

05/24/10--01023--021 **155.00

2010 JUN -7 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2010

SASHA ALLEN
P.O. BOX 3913
HALLANDALE BEACH, FL 33008

SUBJECT: CHIC EVENTS AND DESIGN LLC.
Ref. Number: W10000025486

We have received your document for CHIC EVENTS AND DESIGN LLC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 310A00013203

May 19, 2010

To Whom This May Concern,

Attached are the Articles of Incorporation paperwork as well as a check in the amount of \$155.00. My name is Sasha Allen and I can be reached at (954) 736-6490.

Address: PO BOX 3913

Hallandale Beach, FL 33008

Thank You,

Sasha Allen

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chic Events and Design, LLC.
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:

Sasha Allen
Name of Person

P.O. Box 3913
Firm/Company

Hallandale Beach, FL 33008
Address

ChicEventsandDesigns@gmail.com
City/State and Zip Code

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

For further information concerning this matter, please call:

Sasha Allen at (954) 736-6490
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

2010 JUN -7 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chic Events and Design 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:

1745 E. Hallandale Beach Blvd
#2408N
Hallandale Beach, FL 33009

Mailing Address:

P.O. Box 3913
Hallandale Beach, FL
33008

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:

Sasha Allen

Name

1745 East Hallandale Beach Blvd #2408N

Florida street address (P.O. Box **NOT** acceptable)

Hallandale Beach, FL 33009

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.

Sasha Allen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF DISTRICT COURT
ALACHUA COUNTY
FLORIDA

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

MGRM

MGRM

Name and Address:

Patrice McSweeney
P.O. Box 3913
Hallandale Beach, FL 33008

Sasha Allen
P.O. Box 3913
Hallandale Beach, FL 33008

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:

Sasha Allen

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.)

Sasha Allen

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)

2010 JUN - 7 PM 2:50
STATE OF FLORIDA
CLERK OF THE COURT

FILED