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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

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**FLORIDA LIMITED LIABILITY CO.  
LE GREEK BOUTIQUE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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10 JUL 21 PM 2:36  
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J. BRYAN  
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EXAMINER

H10000166416

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Le Greek Boutique, LLC

(Must end with the words "Limited Liability Company, "LLC," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:4245 SW 7st  
Miami, FL 33134Mailing Address:4245 SW 7st  
Miami, FL 33134

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Jeni Vazquez  
Name4245 SW 7stFlorida street address (P.O. Box NOT acceptable)miami, FL 33134  
City, State, and ZipFILED  
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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..

Jeni Vazquez  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H10000166416

H100001664 16

**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

**Name and Address:**MGRMJeni Vazquez  
4245 SW 7st  
Miami FL 33134MGRMLori Xana Font  
4245 SW 7st  
Miami FL 33134MGRMArianne Liana  
4245 SW 7st  
Miami, FL 33134MGRMHalema Dalal  
4245 SW 7st  
Miami, FL 33134

(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:**
  
 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.)

Arianne Liana

Typed or printed name of signer

**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)

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