

L10000106868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

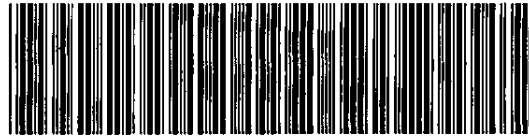
Special Instructions to Filing Officer:

A. LUNT

OCT 13 2010

EXAMINER

Office Use Only



100186391371

10/12/10--01002--025 **155.00

2010 OCT 12 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEMBRE FAMILLE IMPREVUE, 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:

Emile Raymond
(Name of Person)

(Firm/Company)

111 SW 8th Avenue
(Address)

Fort Lauderdale, Fl. 33312
(City/State and Zip Code)

For further information concerning this matter, please call:

Emile Raymond at (954) 478-3989
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 OCT 12 PM 11:23

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2018 OCT 12 PM 11:29
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MEMBRE FAMILLE IMPREVUE, LLC

ARTICLE II - Address:

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

Principal Office Address:

111 SW 8th Avenue

Fort Lauderdale, Fl. 33312

Mailing Address:

111 SW 8th Avenue

Fort Lauderdale, Fl. 33312

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

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

Emile Raymond

Name

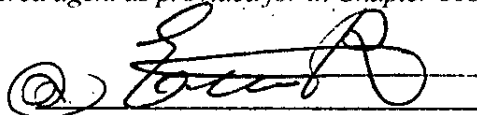
111 SW 8th Avenue

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

Fort Lauderdale, FLORIDA 33312

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, Florida Statutes..



Registered Agent's Signature

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:

MGRM-PRS.

Emile Raymond
111 SW 8th Avenue
Fort Lauderdale, Fl. 33312

MGRM-VP

JN-Celison Derilus
820 NW 48th Terrace
Plantation, FL 33317

MGRM-SEC

Emmanuel Jean
3940 NW 30th Terrace #5
Lauderdale Lakes, Fl.33309

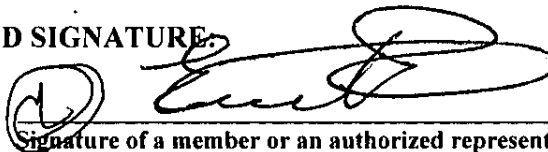
MGRM-TRS.

Francois Fleuriza
1440 NE 10th Avenue
Fort Lauderdale, Fl.33304

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Emile Raymond

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
2010 OCT 12 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA