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Office Use Only

FFFECTIVE DATE 03/21/11



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SEURE JARY OF STATE
FALLAHASSEE, FLORINA

D. BRUCE

MAR 23 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	cr. Parties By Sweet Gir	ls LLC.	
30101		nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Odalys M. Ollet		
		Name of Person	
	Parties By Sweet Girls		
•		Firm/Company	
	7136 Ballantrae Court		
		Address	<b>S</b>
ļ	Miami, Florida 33014		TI M
		City/State and Zip Code	AR 22 PH LIARY OF HASSEE, FI
-	partiesbysweetgirls@comcast	net d for future annual report notification)	
		•	29 2 M
For fur	ther information concerning this matter, ple	ase call:	
Odal	ys M. Ollet	at ( 786 ) 239-7354	35 RIDA
	Name of Person	Area Code & Daytime Telephon	e Number
Enclos	ed is a check for the following amount:		
\$125.00	Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	60.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tailahassee, FL 32314	Street/Courier Address Registration Section S Division of Corporations Clifton Building 2661 Executive Center Circle	<b>a</b>

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compan	ny is:
Parties By Sweet Girls LLC	· ·
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7136 Ballantrae Court Miami, Florida 33014	7136 Ballantrae Court Miami, Florida 33014
	tered Office, & Registered Agent's Signature:  Registered Agent. You must designate an individual or another ARR  the registered agent are:
	Name SS No C
7136 Ballantra	
Florida stre	eet address (P.O. Box NOT acceptable)
Miami,	<sub>FL</sub> 33014
Ci	ty, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	nd to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2



**ARTICLE I - Name:** 

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

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

<u>Title:</u> "MGR" = Manage "MGRM" = Manage		Name and Address:	
Ingrid Saenz=MGR	<u>M</u> .	1511 NW 70th Ave Hollywood, FL 33024	
	_		
***************************************			
	_		<u></u>
(Use attachment i ARTICLE V: Effective of (If an effective date is list to or 90 days after the da	date, if other than the dated, the date must be sp	te of filing: March 21st, 2011 (copecific and cannot be more than five bus	DPTIONAL) siness days prior
REQUIRED SIG		an authorized representative of a member.	FIL 11 MAR 22 FALLAHASSE
(In acco	ordance with section 608.40	8(3), Florida Statutes, the execution of this docu	SERVICE NO.
constitu I am aw	ites an affirmation under the vare that any false informati	e penalties of perjury that the facts stated herein- tion submitted in a document to the Department of provided for in s.817.155, F.S.)	are true
	Odalys M. Ollet	IOA	T S
	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)