L11000094665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

B. BOSTICK

MAY - 9 2011

EXAMINER

High Maintenance Designed Boutique, LLC
1240 NE 137th Terrace
Miami, FL 33161
Phone: 786-443-7498
hmdboutique@aol.com

April 23, 2011

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: HIGH MAINTENANCE DESIGNER BOUTIQUE LLC
Document Number #L09000024052

Please allow this letter to serve as an official notice that I, Linda Eugene, the sole Managing Member of High Maintenance Designer Boutique wish to release the name, High Maintenance Designer Boutique back to the State of Florida.

Sincerely,

Linda Eugene
MGMR

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HIGH MAINTENANCE DESIGNER BOUTIQUE 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:

LINDA EUGENE
Name of Person

HIGH MAINTENANCE DESIGNER BOUTIQUE, LLC
Firm/Company

14604 WEST DIXIE HWY
Address

MIAMI, FL 33161
City/State and Zip Code

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

For further information concerning this matter, please call:

LINDA EUGENE at (786) 443-7498
Name of Person — Area Code & Daytime Telephone Number

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TALLAHASSEE FLORIDA

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

HIGH MAINTENANCE DESIGNER BOUTIQUE 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:	**Mailing Address:**
14604 WEST DIXIE HWY MIAMI, FL 33161	14604 WEST DIXIE HWY MIAMI, FL 33161

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:

LINDA EUGENE
Name

14604 WEST DIXIE HWY
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33161
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Linda F. Eugene
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGRM	LINDA EUGENE 14604 WEST DIXIE HWY MIAMI, FL 33161

(Use attachment if necessary)

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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:

Linda L. Eugene

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

LINDA EUGENE

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)