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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

SEP 13 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Nikki's Glitz and Glam	Boutique	
Name of Limi	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Ellen Deutsch Taylor		
	Name of Person	
Law Office of Ellen Deuts	ch Taylor	
	Firm/Company	
P.O. Box 220		
	Address	
Tarpon Springs, Fl. 34688		
	ity/State and Zip Code	
estesq@hotmail.com		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, pleas	se cali;	
Antoinette Positano	at (727 741-1799	7 SE 20
Name of Person	Area Code & Daytime Telephone Number	SS IS
Enclosed is a check for the following amount:		2011 SEP 12 SECRETARY
<u></u>		. % (2)
\$125.00 Filing Fee \$\bigs\subseteq \bigs\subseteq \lambda \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing for Certified Copy Certificate of Sta	ius ac
	(additional copy is enclosed) Certified Copy	95
	(additional copy is e	ncled #
Mailing Address	Street/Courier Address	·

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Nikki's Glitz and Glam Boutique, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.,"

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
34246 US Highway 19 N	14120 Manda Court
Palm Harbor, Fl. 34684	Odessa, Fl. 33556

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:

Ellen Deutsch Taylor, Esq.

Name

1640 Citrine Trail

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

Tarpon Springs

FL 34689

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Antoinette Positano
	14120 Manda Court
	Odessa, Fl. 33556
MGRM	Nicholas Positano
	14120 Manda Court
	Odessa, Fl. 33556

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 1, 2011 (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. 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.)

Antoinette Positano

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)

SECRETARY OF STATE, TALLYANA SKEEF ET TALE.

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