

L11000117740

(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:

Office Use Only



200213152602

200213152602  
10/13/11--01025--016 \*\*125.00

FILED  
11 OCT 13 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 14 2011

EXAMINER

EFFECTIVE DATE

10/11/11

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: House of Scarves  
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:

Maria Sizer

Name of Person

House of Scarves

Firm/Company

19501 W Country Club DR, Suite 1610

Address

Aventura, Florida 33180

City/State and Zip Code

Maria @ houseofscarves.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Sizer

Name of Person

at ( 786 ) 2631425

Area Code & Daytime Telephone Number

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

FILED  
11 OCT 13 PM 12:59  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

House of Scarves L.L.C.

(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:

19501 W Country Club  
DR Suite 1610  
Aventura, FL, 33180

### Mailing Address:

19501 W Country Club DR,  
Suite 1610  
Aventura, FL 33180

## 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:

Wanda Sizer  
Name

19501 W Country Club DR, Suite 1610  
Florida street address (P.O. Box **NOT** acceptable)  
Aventura FL 33180  
City, State, and Zip

FILED  
11 OCT 13 PM 12:54  
CLERK OF STATE  
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..

Wanda Sizer  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 10/11/11

• • **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

MGRM.

**Name and Address:**

Maria Sizer.  
19501 W Country Club Dr.  
Suite 1610, Aventura, FL 33180.

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/11/11. (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:**

Maria Sizer

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.)

Maria Sizer

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)