L12000033195

j.	
(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:	\neg
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SECRETARY OF STATE TALLAHASSEE..FLORIDA

J. BRYAN

MAR - 8 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	cr. alberte Molle Bridals	
	Name of Limited Liability Company	
The end	Name of Limited Liability Company losed Articles of Organization and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Name of Person	
Please	eturn all correspondence concerning this matter to the following:	1
-	Jenniter Molle	
	Name of Person	
-	Firm/Company 7	
-	Andorer Drive	
	Jupiter FL 33458	
_	City/State and Zip Code JMOLE Dell South. NeT E-mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
برك الما	PNNFF HOLLE at (561) 339-9033 Name of Person Area Code & Daytime Telephone Number	
	Name of Person Area Code & Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
S125.00	Filing Fee \$\ S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	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

ARTICLE I - Name: The name of the Limited Liability Company is:	記事べ
Molle Brid (Must end with the words "Limited Liability	als LLC. Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	Cally 26
Principal Office Address:	Mailing Address:
11701 Lake Victoria Gardens Averve Suite 1109 Palm Beach Gardens, Fr. 33410	11701 Lake Victoria Gardens ave Ste 1109 Palm Beach Gardens, Fi 33470
ARTICLE III - Registered Agent, Registered Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the reg	istered agent are:
Jonnife Molly	2
Name	
111 Andover Drive	(D O D NOT ALL)
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)
City, State.	FL <u>3993 X</u> and Zip
Having been named as registered agent and to accelerately liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfe	cept service of process for the above stated limited certificate, I hereby accept the appointment as I further agree to comply with the provisions of all

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
merm	Jennifer Moller Jip Andouer Drive Jip to FL 33-158
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must	e date of filing: (OPTION) be specific and cannot be more than five business da
LE V: Effective date, if other than the	e date of filing: (OPTION be specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business da Let of filing:
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memical am aware that any false info	be specific and cannot be more than five business da

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)