L-12000041035

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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2012 MAR 22 AM 8: 32
SECRETARY OF STATE

J. SAULSBERRY STATE
EXAMINER
MAR 23 2012 GS

COVER LETTER

TO: Registration of Division of	on Section Corporations					
SUBJECT: Blin	g Unlimited, LLC					
Sobrect.		ed Liability Comp	any			
The enclosed Article	es of Organization and fee(s) are	submitted for filin	g.			
Please return all corr	respondence concerning this mat	ter to the following	g:			
Regina	a Valentini					
		Name of Person				
Bling U	Jnlimited, LLC					
		Firm/Company		·		
10929	SW 113th Place	Unit A				
		Address				
Miami, Fl						
		y/State and Zip Code	e			
bling.unli	mited@yahoo.com E-mail address: (to be used to	or future angual ren	ort notification)		<u></u>	•
	•	-	ort notmeation)		LLA ECH	
For further informati	on concerning this matter, please	call:			HAR R	7
Regina Valen	tini	_at (786	246-341		SECRETARY ALLAHASSE	
Na	me of Person	Area Code	& Daytime Tel	ephone Number	F.S	
Enclosed is a check	for the following amount:				MH 8: 32 OF STATE FEORIDA	
\$125.00 Filing Fee		\$155.00 Filir		\$ 160.00 Fi	ling Fee,	
	Certificate of Status	Certified Copy Certificate of Status & Certified Copy				
	•	(additional cop.	y is cholosou)		opy is enclosed)	
	Mailing Address Registration Section		ourier Address			
	Division of Corporations	Registration Section Division of Corporations				
	P.O. Box 6327 Tallahassee, FL 32314	Clifton B 2661 Exe	uilding cutive Center	Circle		
	,,		see, FL 32301	• •		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny ic	
The name of the Limited Liability Compar	ily is.	
Bling Unlimited, LLC		
(Must end with the words "Limited	i Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
10929 SW 113th Place Unit A Miami, FL 33176	PO Box 521046 Miami, FL 33152	
	the registered agent are: Name Sth Place Unit A	2012 MAR 22 AF
Miami El 33176	eet address (P.O. Box <u>NOT</u> acceptable) FL ity, State, and Zip	AH 8: 32 OF STATE E. FLORIDA
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	nd to accept service of process for the ed in this certificate, I hereby accept to pacity. I further agree to comply with the performance of my duties, and I a	he appointment as h the provisions of all m familiar with and

(CONTINUED)

Page 1 of 2

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.)

Regina Valentini
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)

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