## 1200047598

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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G. MOLEOD

MAY - 4 2012

**EXAMINER** 



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FILED
12 MAY -2 PM 1:38

## **COVER LETTER**

Division of Corporations
SUBJECT: Your Go To Girl 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:
Nicole Tariaca Name of Person
Fi/C
Firm/Company
1040 Holland Drive
Boca Raton, FL 33487
City/State and Zip Code  nteriaca, blog e quail.com  E-mail address: (to be used forfuture annual report notification)
For further information concerning this matter, please call:
Name of Person at (S61) 901 - 2931  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:
The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
1040 Holland Drive 1040 Holland Dr.
Boca Raton, FL 33487 Boca Raton, IL 33487
(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:
Micole Teriaca
Florida street address (P.O. Box NOT acceptable)  Boca Polon FL 33487  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 this familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing M	Name and Address:
MGRM	Nicole Teriace 1040 Holland Dr. Boca Padon, FL 33487
(Use attachment if necess	ary)
(Use attachment if necess  LE V: Effective date, if offective date is listed, the days after the date of filitions.)	ther than the date of filing: (OPTION).  That is a specific and cannot be more than five business date.
LE V: Effective date, if offective date is listed, the	ther than the date of filing: (OPTION date must be specific and cannot be more than five business dang.)

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)