

L12UUUU 87714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

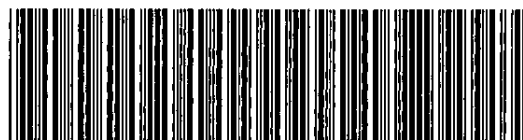
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JUL - 6 2012

EXAMINER



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07/02/12--01040---003 **155.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL - 2 PM 3:41



**Sweet Accents
Boutique**

Maggie Rivas, Founder/ Owner
6470 SW 17 Street
Miami, Florida 33155
Telephone: 305-495-3386
Fax: 305-221-8638
Email: sweetaccentsbtq@gmail.com

June 29, 2012

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: New Florida Limited Liability Company
Business Name: Sweet Accents Boutique, LLC

Dear Registration Representative:

In connection with the above-referenced business, please find enclosed the original Articles of Organization duly executed, together with the required filing fee of \$155.00.

We appreciate the timely processing of this new corporation as we are eager to commence our new business.

If you have any questions, or require additional information, please feel free to contact the undersigned by cell at (305) 495-3386 or email at sweetaccentsbtq@gmail.com.

Respectfully,

Maggie Rivas
Sweet Accents Boutique
Owner

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sweet Accents Boutique, 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:

Maggie Rivas
Name of Person

Sweet Accents Boutique, LLC
Firm/Company

6470 SW 17 Street
Address

Miami, Florida 33155
City/State and Zip Code

sweetsaccentsbtq@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maggie Rivas at (**305**) **495-3386**
Name of Person 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sweet Accents Boutique, 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:

6470 SW 17 Street
Miami, Florida 33155

Mailing Address:

6470 SW 17 Street
Miami, Florida 33155

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:

Maggie Rivas

Name

6470 SW 17 Street

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

Miami

FL 33155

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)

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12 JUL -2 PM 3:41

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

Name and Address:

MGR

Maggie Rivas

6470 SW 17 Street

Miami, Florida 33155

MGRM

Rosie Felipe

6470 SW 17 Street

Miami, Florida 33155

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

MAGGIE RIVAS

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)