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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duning and Fatty Manne)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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K.SALY EXAMINER JUL 5 - 2012

COVER LETTER

TO:

Registration Section

Division of	Corporations			
over on Droom	n Gown Bridal LLC			
SUBJECT: Diean	Name of Limite	ed Liability Comp	any	
The enclosed Articles	s of Organization and fee(s) are	submitted for filin	g.	
Please return all corre	espondence concerning this matt	er to the following	g:	
Kristy Cicca	arone	Name of Person	-	
Dream Go	wn Bridal	Firm/Company		
		1 min/Company		
8602 Caitl	in Court			
		Address		
Hudson, FL				
-	Cit	y/State and Zip Cod	e	
kciccarone	@tampabay.rr.com E-mail address: (to be used f	or future annual rep	ort notification)
For further information	on concerning this matter, please			,
ror larmer information	on concerning this matter, preason	can.		,
Kristy Ciccarone		_at (727) 243-19 6	6
Nan	ne of Person	Area Cod	e & Daytime T	elephone Number
Enclosed is a check	for the following amount:			
	\$130.00 Filing Fee &	\$155.00 Fili	na Fee &	\$160.00 Filing Fee,
\$123.00 Filing Fee	Certificate of Status	Certified Co		Certificate of Status &
		(additional cor	y is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/C	ourier Addre	vee
	Registration Section	Registrat	ion Section	
	Division of Corporations P.O. Box 6327	Division Clifton I	of Corporation	ons
	Tallahassee, FL 32314	2661 Ex	ecutive Cente see, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Dream Gown Bridal LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8602 Caitlin Court Hudson, FL 34667	8602 Caitlin Court Hudson, FL 34667
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the recommendate of the results of the re	ered Agent. You must designate an individual or another
Name Name	-2
8602 Caitlin Court	ress (P.O. Box <u>NOT</u> acceptable)
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Hudson	112
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

Use attachment if necessary)	Sty Clccarone 2 Caitlin Court Ison, FL 34667
Use attachment if necessary) E V: Effective date, if other than the date of ective date is listed, the date must be speciflays after the date of filing.) REQUIRED SIGNATURE:	2 Caitlin Court
E V: Effective date, if other than the date of ective date is listed, the date must be specif lays after the date of filing.) REQUIRED SIGNATURE:	
E V: Effective date, if other than the date of ective date is listed, the date must be specif lays after the date of filing.) REQUIRED SIGNATURE:	
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ective date is listed, the date must be specif lays after the date of filing.) REQUIRED SIGNATURE:	iling: (OPTIONAL)
4.1 (.00	c and cannot be more than five business days pri
Signature of a member or an a	uthorized representative of a member.
constitutes an affirmation under the pens I am aware that any false information su constitutes a third degree felony as proy	lorida Statutes, the execution of this document ties of perjury that the facts stated herein are true.
Krist Ci	led for in s.817.155, F.S.)

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)