

L1200007062

(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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08/01/12--01006--016 \*\*130.00

EFFECTIVE DATE 08-01-12

FILED  
12 AUG -1 PM 5:20  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

B. BOSTICK  
AUG 20 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARTIN'S BRIDALS 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:

MARTHA MACHADO

Name of Person

MARTIN'S BRIDALS LLC.

Firm/Company

P.O. BOX 162043

Address

MIAMI, FL. 33116

City/State and Zip Code

MM313@ATT.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTHA MACHADO

Name of Person

at (305) 213-1575

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

FILED  
STATE OF FLORIDA  
12 AUG - 4 PM 5:20  
21330

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Martin's Bridals, 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:

8835 SW 107 Ave. #364  
Miami, FL 33176-1411

#### Mailing Address:

P.O. Box 162043  
Miami, FL 33116

### 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:

**Jorge J Machado**

Name

**10641 SW 99 terr.**

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

**Miami**

**FL 33176-2729**

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)

**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:**

Manager

Martha Machado, Manager

10641 SW 99 terr

Miami, FI 33176

Manager

Elsa J Sanchez, Manager

1315 W 79 street

Hialeah, FI. 33014

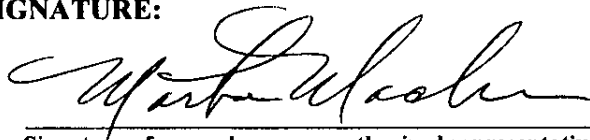
 

(Use attachment if necessary)

12 AUG - 1 PM 5:20  
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FIDELITY & BOND

**ARTICLE V:** Effective date, if other than the date of filing: August 1, 2012 (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.)

**Martha Machado**

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)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 2, 2012

MARTHA MACHADO  
POST OFFICE BOX 162043  
MIAMI, FL 33116

SUBJECT: MARTIN'S BRIDALS, LLC  
Ref. Number: W12000040583

12 AUG -1 PM 5:20  
TALLAHASSEE, FLORIDA

We have received your document for MARTIN'S BRIDALS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 712A00020187