L12000127342

(Requestor	's Name)
(Address)	
(Address)	
(City/State/	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	Number)
Certified Copies C	Certificates of Status
Special Instructions to Filing C	officer:

Office Use Only



400240223904

10/02/12--01012--010 **160.00

SECRETARY OF STATE DIVISION OF CORPORATION

C. LEWIS

OCT - 5 2012

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: MAISONS FRANCAISES "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:
Pascale DURAND
Name of Person
MAISONS FRANCAISES LLC
Firm/Company
3203 Lake Green Court
Address
Tampa, FL 33611
City/State and Zip Code
Contact@maisonsfrancaises.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pascale Durand at (973) 7279784
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} S155.00 Filing Fee & Certificate of Status &
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 1 - Name: The name of the Limited Liability Company is:
MAISONS FRANCAISES "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:		
3203 Lake Green Court Tampa, FL 33611	3203 Lake Green Court Tampa, FL 33611		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	stered Agent. You must designate an individual or ano	ther	
The name and the Florida street address of the	registered agent are:) (186	SECRI DIVISION
Pascale Durand		0C.T	
Name		2	F CO
3203 Lake Greer	n Court	PX	동 무 호 음:s
Florida street add	dress (P.O. Box NOT acceptable)	 : 0	RATI
Tampa	_{FL} 33611	0	FATE ATTONS
City, St	tate, 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):

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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

2012 OCT -2 PM 1:01

MGRM	Pascale Durand	
	3203 Lake Green Court	
	Tampa, FL 33611	
MGRM	Christine Keene	
	3801 Scovill Lane	
	Valrico, FL 33596	
(Use attachment if necessary)		
LE Va Effective data if athough	an the date of filing: 09/27/2012	(ODTION)

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.)

None of 1 Chief

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)