

L12000145617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

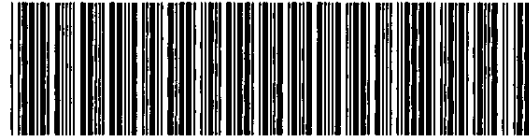
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. CLINE

NOV 19 2012

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 NOV 16 AM 11

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Guylene CHIFFRIN  
9700 SW 1400 Street  
Miami FL 33176

Thursday 8<sup>th</sup> november 2012

Subject : Extreme Chic LLC. Registration

Dear Sir,

I thank you to take in consideration our request to register our Company as Extreme Chic Limited Liability Company.

Extreme Chic is a Company dedicated to Women's Ready-to-wear Fashion seeking to develop its business in Florida.

We are very excited to start this activity in the Sunshine State.

Please find our Cover Letter and the Articles of organization below.

Yours faithfully,

Guylène CHIFFRIN



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TALLAHASSEE, FLORIDA

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Extreme Chic**

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:

**CHIFFRIN Guylene**

Name of Person

**Extreme Chic**

Firm/Company

**9700 SW 140 Street**

Address

**MIAMI FL 33176**

City/State and Zip Code

**viviane.chiffrin@gmail.com**

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

For further information concerning this matter, please call:

**CHIFFRIN Guylene**

Name of Person

at **305 351-0730**

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Extreme Chic 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:

9700 SW 140 Street  
Miami FL 33176

### Mailing Address:

9700 SW 140 Street  
Miami FL 33176

## 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:

Savour Tradex LLC

Name

301 Arthur Godfrey Rd Suite 500

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

Miami Beach FL 33140

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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**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

CHIFFRIN Guylene  
39 avenue des Cayalis  
Pointe Savane 97231 Le Robert

MGRM

HERAULT Denis-Antoine  
Res. Le Clos de Mansarde Appt 203  
Lot. Emeraude Caraibe 97231 Le Robert

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

CHIFFRIN GUYLENE  
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)**

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